

# The MassHealth Drug List



# MassHealth Drug List

The MassHealth Drug List is an alphabetical list of commonly prescribed drugs and therapeutic class tables. The list specifies which drugs need prior authorization when prescribed for MassHealth members. The prior-authorization requirements specified in the list reflect the Division's policy described in the pharmacy regulations and previous provider bulletins, as well as the Division's and the Drug Utilization Review (DUR) Program's review of drugs within certain therapeutic classes. The list also specifies the generic over-the-counter drugs that are payable under MassHealth.

The tables provide a view of drugs within their respective therapeutic classes, along with prior-authorization requirements and clinical information about the drug. The clinical information included in the tables is not intended to be comprehensive prescribing information. Prescribers and pharmacists should review the list and its applicable therapeutic class table when prescribing a drug or filling a prescription for a MassHealth member.

Any drug that does not appear on the list requires prior authorization.

## Updates to the List

The updates to the list are effective immediately, unless otherwise specified.

### 1. New Prior-Authorization Requirements for Triptans

The Division's policy permits a valid prescription written before March 3, 2003, for any triptan listed below with new prior-authorization requirements, to be filled or refilled for the life of the prescription without prior authorization. Nevertheless, the Division encourages prescribers to consider switching their MassHealth patients to triptans that do not require prior authorization, as soon as possible, when clinically appropriate to do so.

The following drugs will require prior authorization effective March 3, 2003.

Amerge (naratriptan) – **PA**  
Frova (frovatriptan) – **PA**  
Imitrex (sumatriptan), all dosage forms – **PA**  
Maxalt (rizatriptan) – **PA**  
Maxalt-MLT (rizatriptan orally disintegrating tablets) – **PA**

The Division encourages prescribers to use the Triptan Prior Authorization Request Form shown on page 57 when requesting prior authorization for triptans.

**Please note:** The Division does not require prior authorization for the following triptans:

Axert (almotriptan)  
Zomig (zolmitriptan)  
Zomig-ZMT (zolmitriptan orally disintegrating tablets)

See Table 14, p. 43, for more information about triptans.

## 2. New Prior-Authorization Requirements and Quantity Limitations for Hypnotics

The Division's policy permits a valid prescription written before March 3, 2003, for any hypnotic listed below with new prior-authorization requirements, to be filled or refilled for the life of the prescription without prior authorization.

The following drug will require prior authorization effective March 3, 2003.

Doral (quazepam) – **PA**

The following quantity limitations take effect on March 3, 2003.

Ambien (zolpidem)	limit 10 units/month
Dalmane # (flurazepam)	limit 10 units/month
Halcion # (triazolam)	limit 10 units/month
ProSom # (estazolam)	limit 10 units/month
Restoril # (temazepam)	limit 10 units/month
Sonata (zaleplon)	limit 10 units/month

The Division encourages prescribers to use the Hypnotic Prior Authorization Request Form shown on page 47 when requesting prior authorization for Doral and/or quantities greater than 10 units per month for the other hypnotics listed.

See "10 Tips for a Good Night's Sleep" ([www.state.ma/dma/providers/pharmacy/10-Tips\\_GoodNightSleep.pdf](http://www.state.ma/dma/providers/pharmacy/10-Tips_GoodNightSleep.pdf)).

See Table 15, p.44, for more information about hypnotics.

## 3. New Quantity Limitations for Relenza/Tamiflu

The following requirements take effect on March 3, 2003:

Relenza (zanamivir)	limit 20 units/month
Tamiflu (oseltamivir)	limit 10 capsules/month

The Division encourages prescribers to use the Drug Prior Authorization Request Form shown on page 61 when requesting prior authorization for quantities greater than 20 units per month for Relenza and 10 capsules per month for Tamiflu.

## 4. Additions

- a. The following newly marketed drugs have been added to the MassHealth Drug List.

Avandamet (rosiglitazone/metformin) – **PA**  
Lotronex (alosetron) – **PA**  
Metaglip (metformin/glipizide) – **PA**  
Ortho Tri-Cyclen Lo (ethinyl estradiol/norgestimate)  
Zetia (ezetimibe) – **PA**

- b. The following drugs have been added to the MassHealth Drug List. These drugs had inadvertently been omitted from the list, and their addition to the list does not reflect any change in the Division's policy.

Ortho Tri-Cyclen (ethinyl estradiol/norgestimate)  
Visudyne (verteporfin)  
Zometa (zoledronic acid)

## 5. Deletions

The following drugs have been deleted from the MassHealth Drug List because they are now nonlegend drugs. The Division's policy permits a valid prescription written before March 3, 2003, that meets current prior-authorization requirements for Claritin or Claritin-D to be filled or refilled for the life of the prescription. The Division pays only for the nonlegend drugs listed in Appendix F of the *Pharmacy Manual* (Nonlegend Drug List).

Claritin  
Claritin-D

## 6. New FDA "A"-Rated Generic

The following FDA "A"-rated generic drug has been added to the MassHealth Drug List. The brand name is now listed with a # symbol, to indicate that prior authorization is required for the brand.

### New FDA "A"-rated Generic Drug

Kariva (ethinyl estradiol/desogestrel)

### Generic Equivalent of

Mircette#

## 7. Change in PA Status

The following drugs will require prior authorization effective March 3, 2003. The Division's policy permits a valid prescription written before March 3, 2003, for any of the medications listed below with new prior-authorization requirements, to be filled or refilled for the life of the prescription without prior authorization.

Advicor (lovastatin/niacin) – PA  
Butorphanol nasal spray (Stadol#) – PA  
Prozac Weekly (fluoxetine) – PA  
Sarafem (fluoxetine) – PA

## 8. Update to Statin PA Form

The Division has amended the Statin Prior Authorization Request Form to reflect the change in prior-authorization requirement of Advicor (lovastatin/niacin) for MassHealth members (see #7 above, Change in PA Status).

The form has also been modified to request information about previous therapy with Lescol/Lescol XL, Lipitor, or generic lovastatin: "Briefly describe details of adverse reaction, inadequate response, or other" and "Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form)."

## 9. Updates to Therapeutic Tables

Table 11 — COX-2 (Highly Selective) NSAIDS

Revision: The product labeling for Bextra has recently been changed to include a new contraindication for use in patients who have demonstrated allergic-type reactions to sulfonamides. Therefore, the section regarding sulfonamide allergy has been modified to the following:

Celebrex and Bextra are both sulfonamide derivatives. The labeling for Celebrex and Bextra state that use is contraindicated in sulfonamide-allergic patients. Vioxx, a methylsulfone derivative, is considered safe in patients with sulfonamide allergy.

Table 12 — Antihistamines

Deletions: Claritin, Claritin-D (see #5 above, Deletions)

Table 13 — Statins

Addition: Advicor (lovastatin/niacin) — PA

### Prior-Authorization Status of Drugs

Drugs may require prior authorization for a variety of reasons. The Division determines the prior-authorization status of drugs on the list on the basis of the following:

- MassHealth program requirements; and
- ongoing evaluation of the drugs' utilization, therapeutic efficacy, safety, and cost.

Drugs are evaluated first on safety and effectiveness, and second on cost. Some drugs require prior authorization because the Division and Drug Utilization Review Board have concluded that there are more cost-effective alternatives. With regard to all such drugs, the Division also has concluded that the more costly drugs have no significant clinically meaningful therapeutic advantage in terms of safety, therapeutic efficacy, or clinical outcome compared to those less-costly drugs used to treat the same condition.

Evaluation of a drug includes a thorough review by physicians and pharmacists using medical literature and consulting with specialists, other physicians, or both. References used may include Drug Topics Red Book, Approved Drug Products with Therapeutic Equivalence Evaluations (also known as the "Orange Book"), the Massachusetts List of Interchangeable Drug Products, AHFS Drug Information, Drug Facts and Comparisons, Micromedex, literature from peer-reviewed medical journals, and manufacturers' product information.

### List Conventions

The list uses the following conventions:

- Brand-name products are capitalized. Generic products are in lowercase.
- Formulations of a drug (for example, salt forms, sustained release, or syrups) are not specified on the list, unless a particular formulation requires prior authorization.
- Combination products are listed with the individual ingredients separated by a slash mark (/).
- Only the generic names of over-the-counter drugs that are payable under MassHealth appear on the list. The brand names of such drugs are not listed, and therefore require prior authorization.
- Only the generic names of antihistamine/decongestant combinations are listed. The brand names of such combinations are not listed, and therefore require prior authorization.

## **Drug List on DMA Web Site**

The MassHealth Drug List can be found on our Web site at [www.mass.gov/dma/providers](http://www.mass.gov/dma/providers), along with other information for pharmacies and prescribers.

## **Future Updates**

The Division will update the MassHealth Drug List every month, as needed, and will continue to evaluate the prior-authorization status for drugs. The updates to the list, including new and revised tables and any new prior authorization forms, will be posted on the Division's Web site on the first business day of the month along with a summary of the changes to the list.

The Division does not intend to mail updated copies of the MassHealth Drug List to providers each time the MassHealth Drug List is revised. To sign up for e-mail alerts that will notify you when the MassHealth Drug List has been updated, go to the MassHealth Drug List on the Division's Web site, and follow the instructions.

To get a paper copy of an updated list, submit a written request to the following address or fax number.

MassHealth Publications  
P.O. Box 9101  
Somerville, MA 02145  
Fax: 617-576-4487

Include your MassHealth provider number, address, and a contact name with your request. MassHealth Publications will send you the latest version of the list. You will need to submit another written request each time you want a paper copy.

## **Questions or Comments**

Pharmacists and prescribers who have questions or comments about the MassHealth Drug List may contact the Drug Utilization Review Program at 1-800-745-7318 or may e-mail the MassHealth Pharmacy Program at [masshealthdruglist@nt.dma.state.ma.us](mailto:masshealthdruglist@nt.dma.state.ma.us). The Division does not answer all e-mail inquiries directly, but will use these inquiries to develop frequently asked questions about the MassHealth Drug List for the Division's Web site.

When e-mailing a question or comment to the above e-mail address, please include your name, title, phone number, and fax number. This electronic mailbox should be used only for submitting questions or comments about the MassHealth Drug List. You will receive an automated response that acknowledges receipt of your e-mail. If you do not receive an automated reply, please resubmit your inquiry.

If a member has questions about the MassHealth Drug List, please refer the member to the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for the deaf and hard of hearing).

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# Alphabetic List

## A

A/B Otic (antipyrine/benzocaine)  
abacavir  
abacavir/lamivudine/zidovudine  
A&D topical \*  
antipyrine/benzocaine  
Abelcet (amphotericin B)  
acarbose  
Accolate (zafirlukast)  
Accuneb (albuterol)  
Accupril (quinapril)  
Accuretic (quinapril/hydrochlorothiazide)  
Accutane (isotretinoin) – see Table 10, p. 39  
Accuzyme (papain/urea)  
acebutolol  
Aceon (perindopril)  
acetaminophen \*  
Acetasol # (acetic acid)  
acetazolamide  
acetic acid  
acetohexamide  
acetohydroxamic acid  
acetylcysteine  
Achromycin # (tetracycline)  
Aciphex (rabeprazole) – **PA**; see Table 3, p. 32  
acitretin – see Table 10, p. 39  
Aclovate (alclometasone)  
Acova (argatroban) – **PA**  
acrivastine/pseudoephedrine – **PA**; see Table 12, p. 41  
Acthar (corticotropin)  
Acticin (permethrin)  
Actigall # (ursodiol)  
Actimmune (interferon gamma-1b) – see Table 5, p. 34  
Actiq (fentanyl transmucosal system) – **PA**; see Table 8, p. 37  
Activella (estradiol/norethindrone)  
Actonel (risedronate)  
Actos (pioglitazone)  
Acular (ketorolac)  
acyclovir  
Adalat # (nifedipine)  
adapalene – **PA > 25 years**; see Table 10, p. 39  
Adderall # (amphetamine salts)  
Adoxa (doxycycline)  
Adrenalin (epinephrine)  
Adriamycin # (doxorubicin)  
Adrucil # (fluorouracil)  
Advair (fluticasone/salmeterol)  
Advicor (lovastatin/niacin) — **PA (effective 03/03/03)**; see Table 13, p. 42  
Aerobid (flunisolide)  
Agenerase (amprenavir)  
Aggrenox (dipyridamole/aspirin)  
Agrylin (anagrelide)  
A-Hydrocort # (hydrocortisone)  
Ak-beta (levobunolol)  
Akineton (biperiden)  
Akne-Mycin (erythromycin)  
Ak-Pentolate # (cyclopentolate)  
Ak-Polybac # (bacitracin/polymyxin B)  
Ak-Spore HC # (neomycin/polymyxin B/hydrocortisone)  
Ak-Sulf # (sulfacetamide)  
Aktob # (tobramycin)  
Ak-tracin # (bacitracin)  
Ak-Trol # (neomycin/polymyxin B/dexamethasone)  
Alamast (pemirolast)  
albendazole  
Albenza (albendazole)  
Albuminar-25 (albumin)  
albumin  
albuterol  
albuterol/ipratropium  
alclometasone  
Aldactazide # (spironolactone/hydrochlorothiazide)  
Aldactone # (spironolactone)  
Aldara (imiquimod)  
Aldoril-25 # (methyldopa/hydrochlorothiazide)  
alendronate  
Alesse # (ethinyl estradiol/levonorgestrel)  
Alferon N (interferon alfa-n3, human leukocyte derived) – see Table 5, p. 34  
alitretinoin – **PA**; see Table 10, p. 39  
Alkeran (melphalan)  
Allergen (benzocaine/antipyrine)  
Allegra (fexofenadine) – **PA**; see Table 12, p. 41  
Allegra-D (fexofenadine/pseudoephedrine) – **PA**; see Table 12, p. 41  
allopurinol  
almotriptan – see Table 14, p. 43

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**PA** Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

# This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

\* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

Note: Any drug that does not appear on the list requires prior authorization.



## Alphabetic List (cont.)

Alocril (nedocromil)  
Alomide (Iodoxamide)  
Alora # (estradiol)  
alosetron — **PA**  
Alphagan (brimonidine)  
Alphanate (antihemophilic factor, human)  
AlphaNine SD(factor IX, human)  
alprazolam  
alprostadil — **PA**; see Table 6, p. 35  
Alrex (loteprednol)  
Altace (ramipril)  
Altinac (tretinoin) — **PA > 25 years**; see Table 10, p. 39  
Altacor (lovastatin extended release) — **PA**; see Table 13, p. 42  
aluminum carbonate \*  
aluminum hydroxide \*  
aluminum chloride  
Alupent # (metaproterenol)  
amantadine  
Amaryl (glimepiride)  
Ambien (zolpidem) — **Limit 10 units/month (effective 03/03/03)**; see Table 15, p. 44  
Ambisome (amphotericin B)  
Amerge (naratriptan) — **PA (effective 03/03/03)**; see Table 14, p. 43  
Americaine # (benzocaine)  
A-Methapred # (methylprednisolone)  
Amicar # (aminocaproic acid)  
amcinonide  
amikacin  
amiloride  
amiloride/hydrochlorothiazide  
Amino Acid Cervical (urea/sodium propionate/methionine/cystine/inositol)  
amino acid & electrolyte IV infusion  
aminocaproic acid  
Amino-Cerv pH 5.5 (urea/sodium propionate/methionine/cystine/inositol)  
aminoglutethimide  
aminophylline  
amiodarone  
amitriptyline  
amitriptyline/chlordiazepoxide  
amitriptyline/perphenazine  
amlodipine  
amlodipine/benazepril  
ammonium lactate  
amoxapine  
Amoxil # (amoxicillin)  
amoxicillin  
amoxicillin/clavulanate  
amphetamine salts  
amphotericin B  
ampicillin  
ampicillin/sulbactam  
amprenavir  
amylase/lipase/protease  
Anadrol-50 (oxymetholone)  
Anafranil # (clomipramine)  
anagrelide  
anakinra — **PA**; see Table 5, p. 34  
Anaprox # (naproxen) — see Table 11, p. 40  
Anaspaz # (hyoscyamine)  
anastrozole  
Ancef # (cefazolin)  
Ancobon (flucytosine)  
Androderm (testosterone)  
AndroGel (testosterone)  
Android (methyltestosterone)  
Anexsia # (hydrocodone/acetaminophen) — see Table 8, p. 37  
Anolor-300 (butalbital/acetaminophen/cafeine)  
Ansaid # (flurbiprofen) — see Table 11, p. 40  
Antabuse (disulfiram)  
anthralin  
anti-inhibitor coagulant complex  
antihemophilic factor, human  
anithemophilic factor, recombinant  
antipyrine/benzocaine  
antithymocyte globulin, equine — see Table 1, p. 30  
antithymocyte globulin, rabbit — see Table 1, p. 30  
Antivert # (meclizine)  
Anusol-HC # (hydrocortisone)  
Anzemet (dolasetron)  
APF # (sodium fluoride)  
apraclonidine  
Apri (ethinyl estradiol/desogestrel)  
Aphthasol 5% (amlexanox)  
Aqua-Mephyton # (phytonadione)  
Aralen Hydrochloride (chloroquine)  
Aralen Phosphate # (chloroquine)  
Aranesp (darbepoetin) — **PA**; see Table 4, p. 33  
Arava (leflunomide)  
Aredia # (pamidronate)

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PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

# This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

\* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

Note: Any drug that does not appear on the list requires prior authorization.

## Alphabetic List (cont.)

argatroban – **PA**  
Aricept (donepezil)  
Arimidex (anastrozole)  
Aristocort (triamcinolone)  
Aristocort A # (triamcinolone)  
Aristocort Forte (triamcinolone)  
Aristospan (triamcinolone)  
Arixtra (fondaparinux) – **Limit 11 doses/Rx**  
Aromasin (exemestane)  
Artane # (trihexyphenidyl)  
Arthrotec (diclofenac/misoprostol) – **PA < 60 years**; see Table 11, p. 40  
artificial tears \*  
Asacol (mesalamine)  
ascorbic acid \*  
aspirin \*  
aspirin/buffers \*  
Astelin (azelastine) – see Table 12, p. 41  
Astramorph PF (morphine) – see Table 8, p. 37  
Atacand (candesartan)  
Atarax # (hydroxyzine) – see Table 12, p. 41  
atenolol  
atenolol/chlorthalidone  
atenolol/hydrochlorothiazide  
Atgam (antithymocyte globulin, equine) – see Table 1, p. 30  
Ativan # (lorazepam)  
atorvastatin – see Table 13, p. 42  
atovaquone  
atovaquone/proguanil  
atropine  
Atrovent # (ipratropium)  
Augmentin (amoxicillin/clavulanate)  
Auralgan # (antipyrine/benzocaine)  
auranofin  
Aurodex (antipyrine/benzocaine)  
Aurolate (gold sodium thiomalate)  
aurothioglucose  
Auroto # (antipyrine/benzocaine)  
Avalide (irbesartan/hydrochlorothiazide)  
Avandamet (rosiglitazone/metformin) — **PA**  
Avandia (rosiglitazone)  
Avapro (irbesartan)  
AVC # (sulfanilamide)  
Avelox (moxifloxacin)  
Aventyl # (nortriptyline)  
Aviane # (ethinyl estradiol/levonorgestrel)

Avinza (morphine extended-release) – **PA**; see Table 8, p. 37  
Avita # (tretinoin) – **PA > 25 years**; see Table 10, p. 39  
Avonex (interferon beta-1a) – see Table 5, p. 34  
Axert (almotriptan) – see Table 14, p. 43  
Axid # (nizatidine \*) – see Table 3, p. 32  
Axocet # (butalbital/acetaminophen)  
Aygestin # (norethindrone)  
Azactam (aztreonam)  
azatadine – **PA**; see Table 12, p. 41  
azatadine/pseudoephedrine – **PA**; see Table 12, p. 41  
azathioprine  
azelaic acid  
azelastine – see Table 12, p. 41  
Azelex (azelaic acid)  
azithromycin  
Azmecort (triamcinolone)  
Azopt (brinzolamide)  
aztreonam  
Azulfidine # (sulfasalazine)

## B

bacitracin \*  
bacitracin/polymyxin B  
baclofen – see Table 7, p. 36  
baclofen intrathecal – **PA**; see Table 7, p. 36  
Bactrim # (trimethoprim/sulfamethoxazole)  
Bactroban (mupirocin)  
balsalazide  
Banflex (orphenadrine) – see Table 7, p. 36  
BayHep B (hepatitis B immune globulin, human) – see Table 1, p. 30  
BayRab (rabies immune globulin IM, human) – see Table 1, p. 30  
BayRho-D Full Dose (Rho(D) immune globulin IM) – see Table 1, p. 30  
BayRho-D Mini Dose (Rho(D) immune globulin IM, micro-dose) – see Table 1, p. 30  
BayTet (tetanus immune globulin IM, human) – see Table 1, p. 30  
BCG vaccine  
Bebulin VH Immuno (factor IX complex)  
becaplermin  
beclomethasone  
Beclovent (beclomethasone)  
Beconase (beclomethasone)

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PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

# This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

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## Alphabetic List (cont.)

belladonna/phenobarbital  
Benadryl # (diphenhydramine) – see Table 12, p. 41  
benazepril  
BeneFix (factor IX, recombinant)  
Benicar (olmesartan)  
Bentyl # (dicyclomine)  
Benzacilin (benzoyl peroxide/clindamycin) – **PA > 25 years**  
Benzamycin (benzoyl peroxide/erythromycin) – **PA > 25 years**  
benzocaine  
benzoyl peroxide \* – **PA > 25 years**  
benzoyl peroxide/clindamycin – **PA > 25 years**  
benzoyl peroxide/erythromycin – **PA > 25 years**  
benzoyl peroxide/hydrocortisone – **PA > 25 years**  
benzoyl peroxide/sulfur – **PA > 25 years**  
benztropine  
bepridil  
Betagan # (levobunolol)  
betaine  
betamethasone  
Betapace # (sotalol)  
Betaseron (interferon beta 1-b) – see Table 5, p. 34  
Beta-Val # (betamethasone)  
betaxolol  
bethanechol  
Betimol (timolol)  
bexarotene  
Bextra (valdecoxib) – **PA < 60 years**; see Table 11, p. 40  
bicalutamide  
Bicitra (sodium citrate/citric acid)  
bimatoprost  
biperiden  
bisacodyl \*  
bismuth subsalicylate \*  
bismuth subsalicylate/tetracycline/metronidazole  
bisoprolol  
bisoprolol/hydrochlorothiazide  
bleomycin  
Bleph-10 # (sulfacetamide)  
Blephamide (sulfacetamide/prednisolone)  
bosentan – **PA**  
Botox (botulinum toxin type A) – **PA**  
botulinum toxin type A – **PA**  
botulinum toxin type B – **PA**  
Brethine # (terbutaline)  
Brevicon (ethinyl estradiol/norethindrone)  
brimonidine  
brinzolamide  
bromocriptine  
brompheniramine \* – see Table 12, p. 41  
brompheniramine/pseudoephedrine \* – see Table 12, p. 41  
budesonide  
bumetanide  
Bumex # (bumetanide)  
Buphenyl (sodium phenylbutyrate)  
bupivacaine  
Buprenex (buprenorphine)  
buprenorphine  
bupropion  
Buspar # (buspirone)  
buspirone  
butabarbital  
butalbital  
butalbital/acetaminophen  
butalbital/acetaminophen/caffeine  
butalbital/acetaminophen/codeine/caffeine  
butalbital/aspirin/caffeine  
butalbital/aspirin/codeine/caffeine  
butenafine  
Butisol (butabarbital)  
butoconazole  
butorphanol, injection  
butorphanol, nasal spray — **PA (effective 03/03/03)**

**C**

cabergoline  
caffeine  
cefazolin  
Cafcit (caffeine)  
Cafergot (ergotamine/caffeine)  
calamine lotion \*  
Calan # (verapamil)  
Calciferol (ergocalciferol)  
Calcijex (calcitriol)  
calcium acetate  
calcium carbonate \*  
calcium citrate \*  
calcium glubionate \*  
calcium gluconate \*

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## Alphabetic List (cont.)

calcium phosphate *	Ceclor # (cefaclor)
calcifediol	Cedax (ceftibuten)
calcipotriene	Ceenu (lomustine)
calcitonin, human	cefaclor
calcitonin, salmon	cefadroxil
calcitriol	cefazolin
Calderol (calcifediol)	cefdinir
Camptosar (irinotecan)	cefditoren
Cancidas (caspofungin)	cefepime
candesartan	cefixime
Cantil (mepenzolate)	Cefizox (ceftizoxime)
capecitabine	Cefotan (cefotetan)
Capex (fluocinolone)	cefotaxime
Capitol (chloroxine)	cefotetan
Capoten # (captopril)	cefoxitin
Capozide # (captopril/hydrochlorthiazide)	cefpodoxime
capsaicin *	cefprozil
caspofungin	ceftazidime
captopril	ceftibuten
captopril/hydrochlorothiazide	Ceftin # (cefuroxime)
Carac (fluorouracil)	ceftizoxime
Carafate # (sucralfate)	ceftriaxone
carbamazepine	cefuroxime
carbamide peroxide *	Cefzil (cefprozil)
Carbatrol (carbamazepine)	Celebrex (celecoxib) – <b>PA &lt; 60 years</b> ; see Table 11, p. 40
carbenicillin	celecoxib – <b>PA &lt; 60 years</b> ; see Table 11, p. 40
carbidopa	Celestone (betamethasone)
carbidopa/levodopa	Celexa (citalopram)
carbinoxamine – see Table 12, p. 45	Cellcept (mycophenolate)
carbinoxamine/pseudoephedrine – see Table 12, p. 45	Celontin (methsuximide)
carboplatin	Cenestin (estrogens, conjugated)
Cardene # (nicardipine)	cephalexin
Cardizem # (diltiazem)	Cephulac # (lactulose)
Cardura # (doxazosin)	Cerezyme (imiglucerase)
carisoprodol – see Table 7, p. 36	Cerumenex (triethanolamine)
Carmol (urea)	cevimeline
Carnitor (levocarnitine)	cetirizine syrup – <b>PA &gt; 12 years (except for LTC members)</b> ; see Table 12, p. 41
carteolol	cetirizine tablets – <b>Limit 31 doses/month</b> ; see Table 12, p. 41
Cartia (diltiazem)	cetirizine/pseudoephedrine – <b>Limit 62 doses/month</b> ; see Table 12, p. 41
carvedilol	Chemet (succimer)
casanthranol *	chloral hydrate
Casodex (bicalutamide)	chlorambucil
castor oil/peru balsam/trypsin	chloramphenicol
Cataflam # (diclofenac)	chlordiazepoxide
Catapres # (clonidine)	
Caverject (alprostadil) – <b>PA</b> ; see Table 6, p. 35	
Cebocap (lactose)	

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## Alphabetic List (cont.)

chlorhexidine gluconate \*  
Chloroptic # (chloramphenicol)  
chloroquine  
chloroxine  
chlorothiazide  
chloroxylonol/pramoxine/hydrocortisone  
chlorpheniramine \* – see Table 12, p. 41  
chlorpheniramine/phenylephrine – see Table 12, p. 41  
chlorpheniramine/pseudoephedrine \* – see Table 12, p. 41  
chlorpheniramine/pyrilamine/phenylephrine – see Table 12, p. 41  
chlorpromazine  
chlorpropamide  
chlorthalidone  
chlorzoxazone  
cholestyramine  
choline salicylate/magnesium salicylate  
Cibacalcin (calcitonin, human)  
ciclopirox  
cidofovir  
cilostazol  
Ciloxan (ciprofloxacin)  
cimetidine \* – see Table 3, p. 32  
Cinobac (cinoxacin)  
cinoxacin  
Cipro (ciprofloxacin)  
ciprofloxacin  
cisplatin  
citalopram  
citrate salts  
Claforan # (cefotaxime)  
Clarinox (desloratadine) – **Limit 31 doses/month**; see Table 12, p. 41  
clemastine – see Table 12, p. 41  
Cleocin # (clindamycin)  
Climara # (estradiol)  
Clindagel (clindamycin) – **PA > 25 years**  
clindamycin  
Clindets # (clindamycin)  
Clinoril # (sulindac) – see Table 11, p. 40  
clobetasol  
clocortolone  
Cloderm (clocortolone)  
clomipramine  
clonazepam  
clonidine  
clonidine/chlorthalidone  
clopidogrel  
clorazepate  
Clorpres (clonidine/chlorthalidone)  
clotrimazole \*  
clotrimazole/betamethasone  
clozapine  
Clozaril # (clozapine)  
cod liver oil \*  
codeine – see Table 8, p. 37  
codeine/acetaminophen – see Table 8, p. 37  
codeine/aspirin – see Table 8, p. 37  
Cogentin # (benztropine)  
Cognex (tacrine)  
Colazal (balsalazide)  
colchicine/probenecid  
colesevelam  
Colestid (colestipol)  
colestipol  
colistimethate  
colistin/hydrocortisone/neomycin  
collagenase  
colloidal oatmeal \*  
Col-Probenecid # (colchicine/probenecid)  
Coly-Mycin (colistimethate)  
CoLyte # (polyethylene glycol-electrolyte solution)  
Combipatch (estradiol/norethindrone)  
Combipres (clonidine/chlorthalidone)  
Combivent (albuterol/ipratropium)  
Combivir (lamivudine/zidovudine)  
Compazine # (prochlorperazine)  
Compro (prochlorperazine)  
Comtan (entacapone)  
Concerta (methylphenidate)  
Condylox (podofilox)  
Constulose (lactulose)  
Copaxone (glatiramer)  
copper IUD  
Cordarone # (amiodarone)  
Cordan (flurandrenolide)  
Coreg (carvedilol)  
Corgard # (nadolol)  
Cormax # (clobetasol)  
Cortane-B (chloroxylonol/pramoxine/hydrocortisone)  
Cortef # (hydrocortisone)  
corticotropin  
Cortifoam (hydrocortisone)

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## Alphabetic List (cont.)

cortisone  
Cortisporin # (neomycin/polymyxin B/  
hydrocortisone)  
Cortisporin-TC  
(colistin/hydrocortisone/neomycin)  
Cortomycin (neomycin/polymyxin B/  
hydrocortisone)  
Cortrosyn (cosyntropin)  
Corzide (nadolol/bendroflumethiazide)  
Cosopt (dorzolamide/timolol)  
cosyntropin  
Coumadin # (warfarin)  
Covera-HS (verapamil)  
Cozaar (losartan)  
Creon (amylase/lipase/protease)  
Crixivan (indinavir)  
Crolom (cromolyn)  
cromolyn  
crotamiton  
Cuprimine (penicillamine)  
Cutivate (fluticasone)  
cyanocobalamin \*  
Cyclessa (ethinyl estradiol/desogestrel)  
cyclobenzaprine  
Cyclocort (amcinonide)  
Cyclogyl # (cyclopentolate)  
Cyclomydril (cyclopentolate/phenylephrine)  
cyclopentolate  
cyclopentolate/phenylephrine  
cyclophosphamide  
cyclosporine  
Cylert # (pemoline)  
cyproheptadine – see Table 12, p. 41  
Cystadane (betaine)  
Cystagon (cysteamine)  
cysteamine  
Cystospaz # (hyoscyamine)  
Cytadren (aminogluthethimide)  
cytarabine  
CytoGam (cytomegalovirus immune globulin IV,  
human) – see Table 1, p. 30  
cytomegalovirus immune globulin IV, human –  
see Table 1, p. 30  
Cytomel (liothyronine)  
Cytosar-U # (cytarabine)  
Cytotec # (misoprostol)  
Cytovene (ganciclovir)  
Cytosan # (cyclophosphamide)

Cytra-2 (sodium citrate/citric acid)  
Cytra-3 (potassium citrate/sodium citrate/citric acid)  
Cytra-K (potassium citrate/citric acid)

## D

D.H.E. 45 (dihydroergotamine mesylate)  
dacarbazine  
Dalmene # (flurazepam) — **Limit 10 units/month**  
**(effective 03/03/03)**; see Table 15, p. 44  
dalteparin  
danazol  
Danocrine # (danazol)  
Dantrium (dantrolene)  
dantrolene  
dapsone  
Daranide (dichlorphenamide)  
Daraprim (pyrimethamine)  
darbepoetin alpha – **PA**; see Table 4, p. 33  
Darvocet-N # (propoxyphene napsylate/  
acetaminophen) – see Table 8, p. 37  
Darvon # (propoxyphene) – see Table 8, p. 37  
Darvon-N (propoxyphene napsylate) – see Table 8,  
p. 37  
Daypro # (oxaprozin) – see Table 11, p. 40  
DDAVP # (desmopressin)  
Deca-Durabolin (nandrolone)  
Declomycin (demeclocycline)  
deferoxamine  
Delatestryl (testosterone)  
Delestrogen # (estradiol)  
Deltasone # (prednisone)  
delavirdine  
Demadex # (torsemide)  
demeclocycline  
Demerol # (meperidine)  
Demser (metyrosine)  
Demulen # (ethinyl estradiol/ethynodiol)  
Denavir (penciclovir)  
Depacon (valproate)  
Depakene # (valproic acid)  
Depakote (divalproex)  
Depen (penicillamine)  
Depo-Estradiol (estradiol)  
Depo-Medrol # (methylprednisolone)  
Deponit (nitroglycerin)  
Depo-Provera (medroxyprogesterone)  
Depo-Testosterone (testosterone)  
Derma-Smoother/FS (fluocinolone)

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## Alphabetic List (cont.)

Dermatop (prednicarbate)  
Desferal (deferroxamine)  
desipramine  
desloratadine – **Limit 31 doses/month**; see Table 12, p. 41  
desmopressin  
Desogen # (ethinyl estradiol/desogestrel)  
desonide  
DesOwen # (desonide)  
desoximetasone  
Desoxyn (methamphetamine) – **PA**  
Desyrel # (trazodone)  
Detrol (tolterodine)  
Dexacidin (neomycin/polymyxin B/dexamethasone)  
Dexacine (neomycin/polymyxin B/dexamethasone)  
dexamethasone  
dexamethasone/neomycin  
Dexasporin (neomycin/polymyxin B/dexamethasone)  
dextbrompheniramine/pseudoephedrine – see Table 12, p. 41  
dexchlorpheniramine – see Table 12, p. 41  
Dexedrine # (dextroamphetamine)  
Dexferrum (iron dextran)  
dexmethylphenidate  
dextroamphetamine  
dextrose  
Dextrostat # (dextroamphetamine)  
DHT (dihydrotachysterol)  
Diabeta # (glyburide)  
Diabinese # (chlorpropamide)  
Diamox # (acetazolamide)  
Diastat (diazepam)  
diazepam – see Table 7, p. 36  
diazoxide  
dichlorphenamide  
diclofenac – see Table 11, p. 40  
diclofenac/misoprostol – **PA < 60 years**; see Table 11, p. 40  
dicloxacillin  
dicyclomine  
didanosine  
Didronel (etidronate)  
dienestrol

Differin (adapalene) – **PA > 25 years**; see Table 10, p. 39  
diflorasone  
Diflucan (fluconazole)  
diflunisal – see Table 11, p. 40  
Digitek (digoxin)  
digoxin  
dihydrocodeine/aspirin/caffeine  
dihydroergotamine  
dihydrotachysterol  
Dilacor # (diltiazem)  
Dilantin (phenytoin)  
Dilatrate-SR (isosorbide)  
Dilaudid # (hydromorphone)  
diltiazem  
Diovan (valsartan)  
Diovan HCT (valsartan/hydrochlorothiazide)  
Dipentum (olsalazine)  
diphenhydramine \* – see Table 12, p. 41  
diphenhydramine/pseudoephedrine – see Table 12, p. 41  
diphenoxylate/atropine  
dipivefrin  
Diprolene (betamethasone)  
Diprosone # (betamethasone)  
dipyridamole  
dipyridamole/aspirin  
Diquinol (iodoquinol)  
dirithromycin  
Disalcid # (salsalate)  
disopyramide  
disulfiram  
Ditropan # (oxybutynin)  
Diuril # (chlorothiazide)  
divalproex  
docetaxel  
docusate sodium \*  
dofetilide  
dolasetron  
Dolobid # (diflunisal) – see Table 11, p. 40  
Dolophine # (methadone) – see Table 8, p. 37  
Domeboro # (aluminum acetate)  
donepezil  
Doral (quazepam) — **PA (effective 03/03/03)**; see Table 15, p.44  
dornase alpha  
Doryx (doxycycline)  
dorzolamide

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## Alphabetic List (cont.)

dorzolamide/timolol  
Dostinex (cabergoline)  
Dovonex (calcipotriene)  
doxazosin  
doxepin  
doxercalciferol  
doxorubicin  
doxycycline  
Drisdol # (ergocalciferol)  
dronabinol – **PA**  
droperidol  
Droxia (hydroxyurea)  
Drysol (aluminum chloride)  
DTIC-Dome # (dacarbazine)  
Duoneb (albuterol/ipratropium)  
Duphalac (lactulose)  
Duragesic (fentanyl) – see Table 8, p. 37  
Duramorph (morphine) – see Table 8, p. 37  
Duricef # (cefadroxil)  
Dyazide # (triamterene/hydrochlorothiazide)  
Dynabac (dirithromycin)  
Dynacin # (minocycline)  
Dynacirc (isradipine)  
Dynapen (dicloxacillin)  
Dyphylline-GG (dyphylline/guaifenesin)  
dyphylline/guaifenesin

## E

Econopred # (prednisolone)  
echothiophate iodine  
econazole  
Edocrin (ethacrynic acid)  
Edex (alprostadil) – **PA**; see Table 6, p. 35  
efavirenz  
Effexor (venlafaxine)  
Efudex (fluorouracil)  
electrolyte solution, pediatric \*  
Elavil # (amitriptyline)  
Eldepryl # (selegiline)  
Elidel (pimecrolimus)  
Elimite # (permethrin)  
Elixophyllin-KI (theophylline/potassium iodide)  
Ellence (epirubicin)  
Elmiron (pentosan)  
Elocon (mometasone)  
emedastine  
Emadine (emedastine)  
Embeline (clobetasol)

Emcyt (estramustine)  
Emgel # (erythromycin)  
EMLA (lidocaine/prilocaine)  
Empirin with codeine – see Table 8, p. 37  
E-Mycin # (erythromycin)  
enalapril  
enalapril/felodipine  
enalapril/hydrochlorothiazide  
Enbrel (etanercept) – **PA**; see Table 5, p. 34  
Endocet # (oxycodone/acetaminophen) – see Table 8, p. 37  
Endocodone (oxycodone) – see Table 8, p. 37  
Endodan # (oxycodone/aspirin) – see Table 8, p. 37  
Enduron # (methyclothiazide)  
Enduronyl (methyclothiazide/deserpidine)  
Engerix-B (hepatitis B, recombinant vaccine)  
enoxaparin  
entacapone  
Entocort (budesonide)  
Enulose (lactulose)  
Enpresse (levonorgestrel/ethinyl estradiol)  
Epifoam (hydrocortisone/pramoxine)  
Epifrin # (epinephrine)  
epinephrine  
Epipen (epinephrine)  
epirubicin  
Epitol (carbamazepine)  
Epivir (lamivudine)  
epoetin alfa – **PA**; see Table 4, p. 33.  
Epogen (epoetin alfa) – **PA**; see Table 4, p. 33  
epoprostenol  
eprosartan  
Equagesic (meprobamate/aspirin)  
Equanil (meprobamate)  
ergocalciferol  
ergoloid  
Ergomar (ergotamine)  
ergotamine  
ergotamine/caffeine  
Eryped # (erythromycin)  
Ery-tab (erythromycin)  
Erythrocin (erythromycin)  
erythromycin  
erythromycin/sulfisoxazole  
escitalopram  
Esclim # (estradiol)  
Esgic # (butalbital/acetaminophen/caffeine)  
Eskalith # (lithium)

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## Alphabetic List (cont.)

esomeprazole – PA; see Table 3, p. 32  
estazolam — **Limit 10 units/month (effective 03/03/03)**; see Table 15, p. 44  
estrogens, conjugated  
estrogens, esterified  
estrogens, esterified/methyltestosterone  
Estinyl (ethinyl estradiol)  
Estrace # (estradiol)  
Estraderm (estradiol)  
estradiol  
estradiol/medroxyprogesterone  
estradiol/norethindrone  
estramustine  
Estratab # (estrogens, esterified)  
Estratest (estrogens, esterified/  
methyltestosterone)  
Estring (estradiol)  
estriol  
estrogens, conjugated  
estrogens, conjugated/medroxyprogesterone  
estropipate  
Etrostep Fe (ethinyl estradiol/norethindrone)  
Etrostep 21 (ethinyl estradiol/norethindrone)  
etanercept – **PA**; see Table 5, p. 34  
ethacrynic acid  
ethambutol  
Ethezyme (papain/urea)  
ethinyl estradiol  
ethinyl estradiol/desogestrel  
ethinyl estradiol/drospirenone  
ethinyl estradiol/ethynodiol  
ethinyl estradiol/levonorgestrel  
ethinyl estradiol/norelgestromin  
ethinyl estradiol/norethindrone  
ethinyl estradiol/norgestimate  
ethinyl estradiol/norgestrel  
Ethmazine (moricizine)  
ethosuximide  
ethotoin  
etidronate  
etodolac – see Table 11, p. 40  
etonogestrel/ethinyl estradiol  
etoposide  
etretinate – see Table 10, p. 39  
Eulexin # (flutamide)  
Eurax (crotamiton)  
Evista (raloxifene)  
Evoxac (cevimeline)

Exelderm (sulconazole)  
Exelon (rivastigmine)  
exemestane  
ezetimibe – **PA**

## E

factor IX complex  
factor IX, human  
factor IX, recombinant  
famotidine \* – see Table 3, p. 32  
famciclovir  
Famvir (famciclovir)  
Farbital (butalbital/aspirin/caffeine)  
Fareston (toremifene)  
Faslodex (fulvestrant) – **PA**  
fat emulsion, intravenous  
Feiba VH Immuno (anti-inhibitor coagulant complex)  
felbamate  
Felbatol (felbamate)  
Feldene # (piroxicam) – see Table 11, p. 40  
felodipine  
Femara (letrozole)  
Femhrt (ethinyl estradiol/norethindrone)  
fenofibrate  
fenoprofen – see Table 11, p. 40  
fentanyl – see Table 8, p. 37  
fentanyl transmucosal system – **PA**; see Table 8, p. 37  
Ferrlecit (sodium ferric gluconate complex)  
ferrous fumarate \*  
ferrous gluconate \*  
ferrous sulfate \*  
fexofenadine – **PA**; see Table 12, p. 41  
fexofenadine/pseudoephedrine – **PA**; see Table 12, p. 41  
filgrastim – **PA**; see Table 4, p. 33  
finasteride  
Finevin (azelaic acid)  
Fioricet # (butalbital/acetaminophen/caffeine)  
Fioricet/codeine # (butalbital/acetaminophen/  
codeine/caffeine)  
Fiorinal # (butalbital/aspirin/caffeine)  
Fiorinal/codeine # (butalbital/codeine/aspirin/  
caffeine)  
Fiorep (butalbital/acetaminophen/caffeine)  
Fiortal (butalbital/aspirin/caffeine)  
Flagyl # (metronidazole)  
Flarex # (fluorometholone)

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## Alphabetic List (cont.)

flavoxate  
flecainide  
Flexeril # (cyclobenzaprine) – see Table 7, p. 36  
Flexoject (orphenadrine) – see Table 7, p. 36  
Flexon (orphenadrine) – see Table 7, p. 36  
Flolan (epoprostenol)  
Flomax (tamsulosin)  
Flonase (fluticasone)  
Florinef (fludrocortisone)  
flouormetholone  
Flovent (fluticasone)  
Floxin (ofloxacin)  
flucytosine  
fluconazole  
fludrocortisone  
Flumadine # (rimantadine)  
flunisolide  
fluocinolone  
fluorides  
Fluoritab (sodium fluoride)  
fluorometholone  
fluorometholone/sulfacetamide  
Fluor-op (fluorometholone)  
Fluoroplex (fluorouracil)  
fluorouracil  
fluoxetine  
fluoxymesterone  
fluphenazine  
flurandrenolide  
flurazepam — **Limit 10 units/month (effective 03/03/03)**; see Table 15, p.44  
flurbiprofen – see Table 11, p. 40  
fluroxamine  
flutamide  
fluticasone  
fluticasone/salmeterol  
fluvastatin — see Table 13, p. 42  
fluvastatin extended release – see Table 13, p. 42  
Fluvirin (influenza vaccine)  
fluvoxamine  
FML # (fluorometholone)  
FML-S (fluorometholone/sulfacetamide)  
Focalin (dexamethylphenidate)  
folic acid \*  
fondaparinux — **Limit 11 doses/Rx**  
Foradil (formoterol)  
formaldehyde

Formaldehyde-10 (formaldehyde)  
formoterol fumarate  
Fortaz (ceftazidime)  
Fortovase (saquinavir)  
Fosamax (alendronate)  
foscarnet  
Foscavir (foscarnet)  
fosfomycin  
fosinopril  
Fragmin (dalteparin)  
Frova (frovatriptan) — **PA (effective 03/03/03)**; see Table 14, p. 43  
frovatriptan — **PA (effective 03/03/03)**; see Table 14, p. 43  
fulvestrant – **PA**  
Fulvicin # (griseofulvin)  
Fungizone (amphotericin B)  
Furacin (nitrofurazone)  
Furadantin (nitrofurantoin)  
furazolidone  
furosemide  
Furoxone (furazolidone)

## G

gabapentin  
Gabitril (tiagabine)  
galantamine  
Gamimune N (immune globulin IV, human) – **PA**;  
see Table 1, p. 30  
Gammagard S/D (immune globulin IV, human) – **PA**;  
see Table 1, p. 30  
Gammar-P IV (immune globulin IV, human) – **PA**;  
see Table 1, p. 30  
Gamulin Rh (Rho(D) immune globulin IM) – see Table 1, p. 30  
ganciclovir  
Gantrisin (sulfisoxazole)  
Gastrocrom (cromolyn)  
gatifloxacin  
gelatin  
gemcitabine  
gemfibrozil  
Gemzar (gemcitabine)  
Gengraf (cyclosporine)  
Genora (ethinyl estradiol/norethindrone)  
Genotropin (somatropin) – **PA**; see Table 9, p. 38  
Gentacidin (gentamicin)  
Gentak (gentamicin)

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## Alphabetic List (cont.)

gentamicin  
Geocillin (carbenicillin)  
Geodon (ziprasidone)  
Geodon (ziprasidone) injection  
glatiramer  
Gleevec (imatinib)  
glimepiride  
glipizide  
glipizide/metformin — **PA**  
glucagon  
glycerin  
gluconic acid/citric acid  
Glucophage # (metformin)  
Glucotrol # (glipizide)  
glyburide  
glycopyrrolate  
Glynase # (glyburide)  
Glyset (miglitol)  
gold sodium thiomalate  
GoLYTELY # (polyethylene glycol-electrolyte solution)  
goserelin — **PA**; see Table 2, p. 31  
granisetron  
Granul-derm (castor oil/peru balsam/trypsin)  
Granulex # (castor oil/peru balsam/trypsin)  
Grifulvin # (griseofulvin)  
griseofulvin  
Gris-Peg # (griseofulvin)  
guaifenesin/dyphylline  
guanabenz  
guanfacine  
Gynazole-1 (butoconazole)  
Gynodiol (estradiol)

## H

HBIG (hepatitis B immune globulin, human) – see Table 1, p. 30  
Halcion # (triazolam) — **Limit 10 units/month (effective 03/03/03)**; see Table 15, p. 44  
halcinonide  
Haldol # (haloperidol)  
halobetasol  
Halog (halcinonide)  
Halog-E (halcinonide)  
haloperidol  
Haponal (belladonna/phenobarbital)  
Havrix (hepatitis A vaccine, inactivated)  
Hectorol (doxercalciferol)

Helidac (bismuth subsalicylate/tetracycline/metronidazole)  
Helixate (antithemophilic factor, recombinant)  
Hemofil-M (antithemophilic factor, recombinant)  
Hep-Lock # (heparin)  
heparin  
heparin lock flush  
hepatitis A vaccine, inactivated  
hepatitis A vaccine inactivated/hepatitis B, recombinant vaccine  
hepatitis B immune globulin, human – see Table 1, p. 30  
hepatitis B, recombinant vaccine  
Herceptin (trastuzumab)  
hexachlorophene  
Hiprex (methenamine)  
Hivid (zalcitabine)  
homatropine  
Humate-P (antihemophilic factor, human)  
Humatin # (paromomycin)  
Humatrope (somatropin) – **PA**; see Table 9, p. 38  
Hyalgan (sodium hyaluronate) – **PA**  
hyaluronate  
hydralazine  
hydralazine/hydrochlorothiazide  
Hydra-zide # (hydralazine/hydrochlorothiazide)  
Hydrea # (hydroxyurea)  
Hydrocet # (hydrocodone/acetaminophen) – see Table 8, p. 37  
hydrochlorothiazide  
hydrocodone – see Table 8, p. 37  
hydrocodone/acetaminophen – see Table 8, p. 37  
hydrocodone/aspirin – see Table 8, p. 37  
hydrocortisone \*  
hydrocortisone/lidocaine  
hydrogen peroxide \*  
hydromorphone  
hydroxychloroquine  
hydroxycobalamin  
hydroxyprogesterone  
hydroxyurea  
hydroxyzine – see Table 12, p. 41  
hylan polymers – **PA**  
Hylutin (hydroxyprogesterone)  
hyoscyamine  
hyoscyamine/phenobarbital  
Hyosol/SL (hyoscyamine, sublingual)  
Hyospaz (hyoscyamine)

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## Alphabetic List (cont.)

HyperHep (hepatitis B immune globulin, human) – see Table 1, p. 30  
HypRho-D (Rho(D) immune globulin IM) – see Table 1, p. 30  
HypRho-D Mini-Dose (Rho(D) immune globulin IM micro-dose) – see Table 1, p. 30  
Hytakerol (dihydrotachysterol)  
Hytone # (hydrocortisone)  
Hytrin # (terazosin)  
Hyzaar (losartan/hydrochlorothiazide)  
**I**

ibuprofen \* – see Table 11, p. 40  
imatinib  
Imdur # (isosorbide)  
imiglucerase  
imipenem/cilastatin  
imipramine  
imiquimod  
Imitrex (sumatriptan), all dosage forms — **PA** (**effective 03/03/03**); see Table 14, p. 43  
immune globulin IV, human – **PA**; see Table 1, p. 30  
Imogam Rabies-HT (rabies immune globulin IM, human) – see Table 1, p. 30  
Imovax (rabies vaccine)  
Imuran # (azathioprine)  
Inapsine # (droperidol)  
indapamide  
Inderal # (propranolol)  
Inderide # (propranolol/hydrochlorothiazide)  
indinavir  
Indocin # (indomethacin) – see Table 11, p. 40  
indomethacin – see Table 11, p. 40  
Infed (iron dextran)  
Infergen (interferon alfacon-1) – see Table 5, p. 34  
Inflamase # (prednisolone/sodium phosphate)  
infliximab – **PA**; see Table 5, p. 34  
influenza vaccine  
Infumorph (morphine) – see Table 8, p. 37  
insulins \*  
Intal # (cromolyn)  
interferon alfa-n3, human leukocyte derived – see Table 5, p. 34  
interferon alfa-2a – see Table 5, p. 34  
interferon alfa-2b – see Table 5, p. 34  
interferon alfa-2b recombinant/ribavirin – see Table 5, p. 34

interferon alfacon-1 – see Table 5, p. 34  
interferon beta-1a – see Table 5, p. 34  
interferon beta-1b – see Table 5, p. 34  
interferon gamma-1b – see Table 5, p. 34  
Intron A (interferon alfa-2b) – see Table 5, p. 34  
Inversine (mecamylamine)  
Invirase (saquinavir)  
iodine \*  
iodoquinol  
iodoquinol/hydrocortisone  
lopidine (apraclonidine)  
ipratropium  
irbesartan  
irbesartan/hydrochlorothiazide  
irinotecan  
iron dextran  
iron sucrose  
Ismo # (isosorbide)  
isoetharine  
isoniazid  
isopropyl alcohol \*  
Isoptin # (verapamil)  
Isordil # (isosorbide)  
isosorbide  
isotretinoin – see Table 10, p. 39  
isradipine  
itraconazole  
Iveegam EN (immune globulin IV, human) – **PA**; see Table 1, p. 30  
ivermectin

## J

Japanese encephalitis virus vaccine  
Jenest-28 (ethinyl estradiol/norethindrone)  
JE-Vax (Japanese encephalitis virus vaccine)

## K

Kadian (morphine) – see Table 8, p. 37  
Kaletra (lopinavir/ritonavir)  
Kaochlor (potassium chloride)  
kaolin/pectin \*  
Kaon-Cl (potassium chloride)  
Kariva (ethinyl estradiol/desogestrel)  
Kayexalate # (sodium polystyrene sulfonate)  
K-Dur # (potassium chloride)  
Keflex # (cephalexin)  
Keftab (cephalexin)

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## Alphabetic List (cont.)

Kefurox # (cefuroxime)  
Kemadrin (procyclidine)  
Kenalog # (triamcinolone)  
Keppra (levetiracetam)  
Kerlone # (betaxolol)  
ketamine  
ketoconazole  
ketoprofen \* – see Table 11, p. 40  
ketorolac – see Table 11, p. 40  
ketotifen  
Kineret (anakinra) – **PA**; see Table 5, p. 34  
Kionex # (sodium polystyrene sulfonate)  
Klaron (sulfacetamide)  
Klonopin # (clonazepam)  
K-Lor # (potassium chloride)  
Klor-Con # (potassium bicarbonate)  
Klotrix (potassium iodide)  
K-Lyte (potassium bicarbonate)  
K-Lyte/Cl # (potassium chloride/potassium bicarbonate)  
Koate-DVI (antihemophilic factor, human)  
Kogenate (antihemophilic factor, recombinant)  
Konyne 80 (factor IX complex)  
Kovia (papain/urea)  
K-Phos Original (sodium phosphate)  
K-Phos M.F. (potassium phosphate/sodium phosphate)  
K-Phos Neutral (potassium phosphate/dibasic sodium phosphate/monobasic sodium phosphate)  
K-Phos No. 2 (potassium phosphate/sodium phosphate/phosphorus)  
Kristalose (lactulose)  
K-Tab (potassium chloride)  
Kutapressin (liver derivative complex)  
K-Vescent Potassium Chloride (potassium chloride)  
Kytril (granisetron)

## L

labetalol  
Lac-Hydrin (ammonium lactate)  
lactic acid  
lactic acid/vitamin E  
Lactinol (lactic acid)  
Lactinol-E (lactic acid/vitamin E)  
lactose  
lactulose

Lamictal (lamotrigine)  
Lamisil (terbinafine)  
lamivudine  
lamivudine/zidovudine  
lamotrigine  
lanolin \*  
Lanoxicaps (digoxin)  
Lanoxin # (digoxin)  
lansoprazole – **PA > 16 years (except suspension for LTC members)**; see Table 3, p. 32  
lansoprazole/amoxicillin/clarithromycin  
Lantus (insulin glargine)  
Lariam (mefloquine)  
Larodopa (levodopa)  
Lasix # (furosemide)  
latanoprost  
Lazer Formalyde (formaldehyde)  
L-Carnitine (levocarnitine)  
leflunomide  
lepirudin – **PA**  
Lescol (fluvastatin) – see Table 13, p. 42  
Lescol XL (fluvastatin extended release) – see Table 13, p. 42  
letrozole  
leucovorin  
Leukeran (chlorambucil)  
Leukine (sargramostim) – **PA**; see Table 4, p. 33  
leuprolide – **PA**; see Table 2, p. 31  
levalbuterol  
Levaquin (levofloxacin)  
Levatol (penbutolol)  
Levid (hyoscyamine)  
levetiracetam  
Levlen # (ethinyl estradiol/levonorgestrel)  
Levlite (ethinyl estradiol/levonorgestrel)  
levobunolol  
levocabastine  
levocarnitine  
Levo-Dromoran # (levorphanol) – see Table 8, p. 37  
levodopa  
levofloxacin  
Levora # (ethinyl estradiol/levonorgestrel)  
levonorgestrel  
levorphanol – see Table 8, p. 37  
Levothroid (levothyroxine)  
levothyroxine  
Levoxyl (levothyroxine)  
Levsin (hyoscyamine)

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## Alphabetic List (cont.)

Levsin PB (hyoscyamine/phenobarbital)  
Levsinex Timecaps # (hyoscyamine)  
Lexapro (escitalopram)  
Lexxel (enalapril/felodipine)  
Lida-Mantle-HC Cream  
(hydrocortisone/lidocaine)  
Lidex # (fluocinonide)  
lidocaine  
lidocaine/prilocaine  
Lidoderm (lidocaine)  
lindane  
linezolid  
Lioresal # (baclofen) – see Table 7, p. 36  
Lioresal Intrathecal (baclofen) – **PA**; see  
Table 7, p. 36  
liothyronine  
liothyronine/thyroxine  
Liotrix (liothyronine/thyroxine)  
Lipitor (atorvastatin) – see Table 13, p. 42  
Liposyn # (fat emulsion, intravenous)  
Lipram (amylase/lipase/protease)  
lisinopril  
lisinopril/hydrochlorothiazide  
lithium  
Lithobid (lithium)  
Lithostat (acetohydroxamic acid)  
liver derivative complex  
Livostin (levocabastine)  
Lo/Ovral # (ethinyl estradiol/norgestrel)  
LoCHOLEST # (cholestyramine)  
lodaxamide  
Lodine # (etodolac) – see Table 11, p. 40  
Lodosyn (carbidopa)  
Loestrin # (ethinyl estradiol/norethindrone)  
Lomotil # (diphenoxylate/atropine)  
lomustine  
Lonox # (diphenoxylate/atropine)  
loperamide \*  
lopinavir/ritonavir  
Lopid # (gemfibrozil)  
Lopressor # (metoprolol)  
Loprox (ciclopirox)  
Lorabid (loracarbef)  
loracarbef  
lorazepam  
Lorcet # (hydrocodone/acetaminophen) – see  
Table 8, p. 37

Lortab # (hydrocodone/acetaminophen) – see  
Table 8, p. 37  
Lortab ASA (hydrocodone/aspirin) – see Table 8,  
p. 37  
losartan  
losartan/hydrochlorothiazide  
Lotemax (loteprednol)  
Lotensin (benazepril)  
loteprednol  
Lotrel (amlodipine/benazepril)  
Lotrimin # (clotrimazole)  
Lotrisone # (clotrimazole/betamethasone)  
Lotronex (alosetron) — **PA**  
lovastatin – see Table 13, p. 42  
lovastatin extended release – **PA**; see Table 13,  
p. 42  
lovastatin/niacin — **PA (effective 03/03/03)**; see  
Table 13, p. 42  
Lovenox (enoxaparin)  
Low-Ogestrel # (ethinyl estradiol/norgestrel)  
loxapine  
Loxitane # (loxapine)  
Lozol # (indapamide)  
Lufyllin-GG (dyphylline/guaifenesin)  
Lumigan (bimatoprost)  
Lunelle (estradiol/medroxyprogesterone)  
Lupron # (leuprolide) – **PA**; see Table 2, p. 31  
Luride # (sodium fluoride)  
Luvox # (fluvoxamine)  
Luxiq (betamethasone)

## **M**

Macrobid (nitrofurantoin)  
Macrochantin # (nitrofurantoin)  
mafenide  
magaldrate \*  
magnesium carbonate/citric acid/gluconolactone  
magnesium citrate \*  
magnesium gluconate \*  
magnesium hydroxide \*  
magnesium trisilicate \*  
Malarone (atovaquone/proguanil)  
Mandelamine (methenamine)  
maprotiline  
Marcaine # (bupivacaine)  
Marinol (dronabinol) – **PA**  
Marten-tab # (butalbital/acetaminophen)  
Matulane (procarbazine)

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## Alphabetic List (cont.)

Mavik (trandolapril)  
Maxair (pirbuterol)  
Maxalt (rizatriptan) — **PA (effective 03/03/03)**;  
Table 14, p. 43  
Maxalt-MLT (rizatriptan orally disintegrating  
tablets) — **PA (effective 03/03/03)**; Table 14,  
p. 43  
Maxidex (dexamethasone)  
Maxidone (hydrocodone/acetaminophen) – see  
Table 8, p. 37  
Maxipime (cefepime)  
Maxitrol # (neomycin/polymyxin B/  
dexamethasone)  
Maxzide # (triamterene/hydrochlorothiazide)  
mecamylamine  
Mebaral (mephobarbital)  
mebendazole  
mechlorethamine  
meclizine \*  
meclofenamate – see Table 11, p. 40  
Medrol # (methylprednisolone)  
medroxyprogesterone  
medroxyprogesterone/estrogen, conjugated  
mefenamic acid – **PA**; see Table 11, p. 40  
mefloquine  
Mefoxin # (cefoxitin)  
Megace # (megestrol)  
megestrol  
Mellaril # (thioridazine)  
meloxicam – **PA < 60 years**; see Table 11, p. 40  
melphalan  
Menest (estrogens, esterified)  
meningococcal polysaccharide vaccine  
Menomune-A/C/Y/W-135 (meningococcal  
polysaccharide vaccine)  
Mentax (butenafine)  
mepenzolate  
meperidine – see Table 8, p. 37  
mephobarbital  
Mephyton (phytonadione)  
meprobamate  
meprobamate/aspirin  
Mepron (atovaquone)  
mercaptapurine  
Meridia (sibutramine) – **PA**  
meropenem  
Merrem (meropenem)  
mesalamine  
mesna  
Mesnex (mesna)  
mesoridazine  
Mestinon # (pyridostigmine)  
Metadate # (methylphenidate)  
Metaglip (metformin/glipizide) — **PA**  
metaproterenol  
metaxalone – see Table 7, p. 36  
metformin  
metformin/glipizide – **PA**  
metformin/rosiglitazone — **PA**  
methadone – see Table 8, p. 37  
Methadose # (methadone) – see Table 8, p. 37  
methamphetamine – **PA**  
methazolamide  
methenamine  
methenamine/benzoic acid/atropine/  
hyoscyamine/methylene blue  
methenamine/benzoic acid/atropine/  
hyoscyamine/phenyl salicylate/methylene blue  
methenamine/benzoic acid/atropine/  
hyoscyamine/saldol/methylene blue  
methenamine/hyoscyamine/methylene blue  
methenamine/sodium acid phosphate  
Methergine (methylergonovine)  
methimazole  
Methitest (methyltestosterone)  
methocarbamol – see Table 7, p. 36  
methotrexate  
methoxsalen  
methscopolamine  
methsuximide  
methyclothiazide  
methyclothiazide/deserpidine  
methyldopa  
methyldopa/hydrochlorothiazide  
methylergonovine  
Methylin # (methylphenidate)  
methylphenidate  
methylprednisolone  
methysergide  
methyltestosterone  
metipranolol  
metoclopramide  
metolazone  
metoprolol  
Metrocream (metronidazole)  
Metrogel (metronidazole)

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## Alphabetic List (cont.)

Metrolotion (metronidazole)  
metronidazole  
metyrosine  
Mevacor # (lovastatin) – see Table 13, p. 42  
mexiletine  
Mexitil # (mexiletine)  
Miacalcin # (calcitonin, salmon)  
Micanol (anthralin)  
Micardis (telmisartan)  
miconazole \*  
MICRhoGAM (Rho(D) immune globulin IM  
micro-dose) – see Table 1, p. 30  
Microgestin Fe # (ethinyl estradiol/  
norethindrone)  
Micro-K # (potassium chloride)  
Micronase # (glyburide)  
Micronor (norethindrone)  
Microzide # (hydrochlorothiazide)  
Midamor # (amiloride)  
midazolam  
midodrine  
miglitol  
Migranal (dihydroergotamine)  
mineral oil \*  
Mini-Gamulin Rh (Rho(D) immune globulin IM  
micro-dose) – see Table 1, p. 30  
Minitran # (nitroglycerin)  
Minizide (prazosin/polythiazide)  
Minocin # (minocycline)  
minocycline  
minoxidil  
Mintezol (thiabendazole)  
Miralax (polyethylene glycol-electrolyte solution)  
Mirapex (pramipexole)  
Mircette # (ethinyl estradiol/desogestrel)  
mirtazapine  
misoprostol  
mitomycin  
mitoxantrone  
Moban (molindrone)  
Mobic (meloxicam) – **PA < 60 years**; see Table  
11, p. 40  
modafinil  
Modicon # (ethinyl estradiol/norethindrone)  
Moduretic # (amiloride/hydrochlorothiazide)  
moexipril  
moexipril/hydrochlorothiazide  
molindone

mometasone  
Monarc-M (antihemophilic factor, human)  
Monoclate-P (antihemophilic factor, human)  
Monodox # (doxycycline)  
Monoket # (isosorbide)  
Mononine (factor IX, human)  
Monopril (fosinopril)  
montelukast  
Monurol (fosfomycin)  
moricizine  
morphine – see Table 8, p. 37  
morphine extended-release – **PA**; see Table 8, p. 37  
Motofen (atropine/difenoxin)  
Motrin # (ibuprofen \*) – see Table 11, p. 40  
moxifloxacin  
MS Contin # (morphine) – see Table 8, p. 37  
MS/L (morphine) – see Table 8, p. 37  
MSIR (morphine) – see Table 8, p. 37  
MS/S (morphine) – see Table 8, p. 37  
Mucomyst # (acetylcysteine)  
Mucomyst-10 (acetylcysteine)  
multivitamins \*  
multivitamins/minerals \*  
mupirocin  
Murocoll-2 (scopolamine/phenylephrine)  
Muse (alprostadil) – **PA**; see Table 6, p. 35  
Mustargen (mechlorethamine)  
Myambutol # (ethambutol)  
Mycobutin (rifabutin)  
Mycogen (nystatin/triamcinolone)  
Mycolog II # (nystatin/triamcinolone)  
mycophenolate  
Mycostatin # (nystatin)  
Mydfrin (phenylephrine)  
Mydiacil # (tropicamide)  
Myobloc (botulinum toxin type B) – **PA**  
Mysoline # (primidone)

## **N**

Nabi-HB (hepatitis B immune globulin, human) – see  
Table 1, p. 30  
nabumetone – see Table 11, p. 40  
nadolol  
nadolol/bendroflumethiazide  
nafarelin  
nafcillin  
Naftin (naftifine)

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## Alphabetic List (cont.)

naftifine  
nalbuphine  
Nalfon # (fenoprofen) – see Table 11, p. 40  
nalidixic acid  
Nallpen (nafcillin)  
naloxone  
naltrexone  
nandrolone  
naphazoline  
Naprosyn # (naproxen \*) – see Table 11, p. 40  
naproxen \* – see Table 11, p. 40  
Naqua (trichlormethiazide)  
naratriptan — **PA (effective 03/03/03)**; see Table 14, p. 43  
Nardil (phenelzine)  
Nasacort (triamcinolone)  
Nasalide (flunisolide)  
Nasarel (flunisolide)  
Nasonex (mometasone)  
nateglinide  
Navane # (thiothixene)  
Navelbine (vinorelbine)  
Nebcin # (tobramycin)  
Nebupent (pentamidine)  
Necon # (ethinyl estradiol/norethindrone)  
nedocromil  
nefazodone  
NegGram # (nalidixic acid)  
nelfinavir  
Nelova # (ethinyl estradiol/norethindrone)  
Nembutal # (pentobarbital)  
Neo-Decadron (dexamethasone/neomycin)  
neomycin \*  
neomycin/polymyxin B/dexamethasone  
neomycin/polyxmyxin B/gramicidin  
neomycin/polymyxin B/hydrocortisone  
neomycin/polymyxin B/prednisolone  
Neoral (cyclosporine)  
Neosar # (cyclophosphamide)  
Neosporin Ophthalmic Solution #  
(neomycin/polymyxin B/gramicidin)  
neostigmine  
Neptazane # (methazolamide)  
Neulasta (pegfilgrastim) – **PA**; see Table 4, p. 33  
Neumega (oprelvekin)– **PA**; see Table 4, p. 33  
Neupogen (filgrastim) – **PA**; see Table 4, p. 33  
Neurontin (gabapentin)  
nevirapine  
Nexium (esomeprazole) – **PA**; see Table 3, p. 32  
niacin \*  
niacin/lovastatin — **PA (effective 03/03/03)**; see Table 13, p. 42  
niacinamide \*  
nicardipine  
nicotinic acid \*  
Nifedical (nifedipine)  
nifedipine  
Nilandron (nilutamide)  
Nilstat # (nystatin)  
nilutamide  
nimodipine  
Nimotop (nimodipine)  
nisoldipine  
nitisinone  
Nitrek # (nitroglycerin)  
Nitro-Bid # (nitroglycerin)  
Nitrodisc (nitroglycerin)  
Nitro-Dur # (nitroglycerin)  
nitrofurantoin  
nitrofurazone  
nitroglycerin  
Nitrol (nitroglycerin)  
Nitrolingual (nitroglycerin)  
Nitroquick (nitroglycerin)  
Nitrostat # (nitroglycerin)  
Nitrotab (nitroglycerin)  
Nitro-Time (nitroglycerin)  
nizatidine – see Table 3, p. 32  
Nizoral # (ketoconazole)  
Nolvadex # (tamoxifen)  
nonoxynol-9 \*  
Norco # (hydrocodone/acetaminophen) – see Table 8, p. 37  
Nordette # (ethinyl estradiol/levonorgestrel)  
Norditropin (somatropin) – **PA**; see Table 9, p. 38  
norethindrone  
Norflex # (orphenadrine) – see Table 7, p. 36  
norfloxacin  
Norgesic # (orphenadrine/aspirin/caffeine) – see Table 7, p. 36  
norgestimate/ethinyl estradiol  
norgestrel  
Norinyl # (ethinyl estradiol/norethindrone)  
Noritate (metronidazole)  
Normodyne # (labetalol)  
Noroxin (norfloxacin)

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\* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

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## Alphabetic List (cont.)

Norpace # (disopyramide)  
Norpramin # (desipramine)  
Nor-Q-D # (norethindrone)  
Nortrel (ethinyl estradiol/norethindrone)  
nortriptyline  
Norvasc (amlodipine)  
Norvir (ritonavir)  
Novantrone (mitoxantrone) – see Table 5, p. 34  
Novoseven (eptacog alfa)  
Nulev (hyoscyamine)  
NuLyteLy (polyethylene glycol-electrolyte solution)  
Numorphan (oxymorphone) – see Table 8, p. 37  
Nutropin (somatropin) – **PA**; see Table 9, p. 38  
Nutropin AQ (somatropin) – **PA**; see Table 9, p. 38  
NuvaRing (etonogestrel/ethinyl estradiol)  
nystatin  
nystatin/neomycin/triamcinolone/gramicidin  
nystatin/triamcinolone

## O

octreotide – **PA**  
Ocufen # (flurbiprofen)  
Ocuflox (ofloxacin)  
Ocupress # (carteolol)  
Ocusulf-10 # (sulfacetamide)  
ofloxacin  
Ogen # (estropipate)  
Ogestrel # (ethinyl estradiol/norgestrel)  
ofloxacin  
olanzapine  
olmesartan  
olopatadine  
olsalazine  
Olux (clobetasol)  
omeprazole – **PA**; see Table 3, p. 32  
Omnicef (cefdinir)  
Omnipen # (ampicillin)  
OMS (morphine) – see Table 8, p. 37  
ondansetron  
Onxol # (paclitaxel)  
opium  
oprelvekin – **PA**; see Table 4, p. 33  
Opticrom # (cromolyn)  
Optimine (azatadine) – **PA**; see Table 12, p. 41  
Optipranolol # (metipranolol)  
Optivar (azelastine)

Oralene # (triamcinolone)  
Oramorph SR (morphine) – see Table 8, p. 37  
Orap (pimozide)  
Orapred (prednisolone)  
Orasone (prednisone)  
Oretic # (hydrochlorothiazide)  
Orfadin (nitisinone)  
orlistat – **PA**  
orphenadrine – see Table 7, p. 36  
orphenadrine/aspirin/caffeine – see Table 7, p. 36  
Orphengesic # (orphenadrine/aspirin/caffeine) – see Table 7, p. 36  
Ortho-Cept # (ethinyl estradiol/desogestrel)  
Ortho-Cyclen (ethinyl estradiol/norgestimate)  
Ortho-Dienestrol (dienestrol)  
Ortho-Est # (estropipate)  
Ortho-Evra (ethinyl estradiol/norelgestromin)  
Ortho-Novum # (ethinyl estradiol/norethindrone)  
Ortho-Prefest (estradiol/norgestimate)  
OrthoTri-Cyclen (ethinyl estradiol/norgestimate)  
OrthoTri-Cyclen Lo (ethinyl estradiol/norgestimate)  
Orudis # (ketoprofen \*) – see Table 11, p. 40  
Oruvail # (ketoprofen \*) – see Table 11, p. 40  
oseltamivir — **Limit 10 capsules/month**  
Osmoglyn (glycerin)  
Oticaine (benzocaine)  
Otocain (benzocaine)  
Ovcon (ethinyl estradiol/norethindrone)  
Ovide (malathion)  
Ovral # (ethinyl estradiol/norgestrel)  
Ovrette (norgestrel)  
oxacillin  
Oxandrin (oxandrolone)  
oxandrolone  
oxaprozin – see Table 11, p. 40  
oxazepam  
oxcarbazepine  
oxiconazole  
Oxistat (oxiconazole)  
Oxsoralen (methoxsalen)  
Oxsoralen-Ultra (methoxsalen)  
oxybutinin  
oxycodone – see Table 8, p. 37  
oxycodone/acetaminophen – see Table 8, p. 37  
oxycodone/aspirin – see Table 8, p. 37  
Oxycontin (oxycodone) – see Table 8, p. 37  
Oxydose (oxycodone) – see Table 8, p. 37  
OxyFast (oxycodone) – see Table 8, p. 37

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## Alphabetic List (cont.)

Oxy IR (oxycodone) – see Table 8, p. 37  
oxymetholone  
oxymorphone  
oxytetracycline/polymyxin B  
oxytocin

## P

P2E1 (pilocarpine/epinephrine)  
Pacerone # (amiodarone)  
paclitaxel  
palivizumab – **PA**  
Pamelor # (nortriptyline)  
pamidronate  
Pamine (methscopolamine)  
Panafil (papain/urea/chlorophyllin/copper complex)  
Pancrease (amylase/lipase/protease)  
Pancrecarb (amylase/lipase/protease)  
Pancrelipase (amylase/lipase/protease)  
Pancron (amylase/lipase/protease)  
Pandel (hydrocortisone probutate)  
Pangestyme (amylase/lipase/protease)  
Panglobulin (immune globulin IV, human) – **PA**;  
see Table 1, p. 30  
Panokase (amylase/lipase/protease)  
Panretin (alitretinoin) – **PA**; see Table 10, p. 39  
pantoprazole – see Table 3, p. 32  
papain/urea  
papain/urea/chlorophyllin  
papain/urea/chlorophyllin/copper complex  
papaverine  
Parafon Forte DSC # (chlorzoxazone) – see  
Table 7, p. 36  
Paragard (copper IUD)  
Paraplatin (carboplatin)  
paregoric  
paricalcitol  
Parlodel # (bromocriptine)  
Parnate (tranylcypromine)  
paromomycin  
paroxetine  
Patanol (olopantadine)  
Paxil (paroxetine)  
PBZ # (tripelennamine) – see Table 12, p. 41  
PCE Dispertab (erythromycin)  
Pediapred # (prednisolone)  
pediatric multivitamins \*  
Pedi-Dri (nystatin)

Pediotic # (neomycin/polymyxin B/  
hydrocortisone)  
Peganone (ethotoin)  
pegfilgrastim – **PA**; see Table 4, p. 33  
peginterferon alfa-2b – see Table 5, p. 34  
PEG-Intron (peginterferon alfa-2b) – see Table 5,  
p. 34  
Pemadd # (pemoline)  
pemirolast  
pemoline  
penbutolol  
penciclovir  
penicillamine  
penicillin G  
penicillin V  
Penlac (ciclopirox)  
pentamidine  
Pentasa (mesalamine)  
pentazocine  
pentazocine/acetaminophen  
pentazocine/naloxone  
pentosan  
pentoxifylline  
Pentoxil # (pentoxifylline)  
Pepcid # (famotidine \*) – see Table 3, p. 32  
P-Ephrine (phenylephrine)  
Percocet # (oxycodone/acetaminophen) – see  
Table 8, p. 37  
Percodan # (oxycodone/aspirin) – see Table 8, p. 37  
pergolide  
Periactin # (cyproheptadine) – see Table 12,  
p. 41  
perindopril  
Periostat (doxycycline)  
Permapen (penicillin G)  
Permax (pergolide)  
permethrin \*  
perphenazine  
petrolatum \*  
Pfizerpen # (penicillin G)  
Pharmaflur (sodium fluoride)  
phenazopyridine  
phenelzine  
Phenergan # (promethazine) – see Table 12, p. 41  
phenobarbital  
phentolamine  
phenylephrine

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## Alphabetic List (cont.)

phenyltoloxamine/pyrilamine/pheniramine/ pseudoephedrine – see Table 12, p. 41	Ponstel (mefenamic acid) – <b>PA</b> ; see Table 11, p. 40
Phenylek (phenytoin)	Portia (levonorgestrel/ethinyl estradiol)
phenytoin	potassium bicarbonate
PhisoHex (hexachlorophene)	potassium chloride/potassium bicarbonate
Phos-Flur (sodium fluoride)	potassium chloride/sodium chloride/sodium bicarbonate
Phoslo (calcium acetate)	potassium citrate
Phospholine Iodide (echothiophate)	potassium citrate/citric acid
Phrenilin # (butalbital/acetaminophen)	potassium citrate/sodium citrate/citric acid
phytonadione	potassium iodide
Pilocar # (pilocarpine)	potassium phosphate
pilocarpine	potassium phosphate/dibasic sodium phosphate/monobasic sodium phosphate
pilocarpine/epinephrine	potassium phosphate/sodium phosphate
Pilopine (pilocarpine)	potassium phosphate/sodium phosphate/phosphorus
Piloptic (pilocarpine)	povidone *
pimecrolimus	pramipexole
pimozide	Pramosone # (pramoxine/hydrocortisone)
pindolol	pramoxine/hydrocortisone
pioglitazone	Prandin (repaglinide)
piperacillin/tazobactam	Pravachol (pravastatin) – <b>PA</b> ; see Table 13, p. 42
pirbuterol	pravastatin – <b>PA</b> ; see Table 13, p. 42
piroxicam – see Table 11, p. 40	prazosin
Plan B (levonorgestrel)	prazosin/polythiazide
Plaquenil # (hydroxychloroquine)	Precose (acarbose)
Platinol-AQ # (cisplatin)	Pred-Forte # (prednisolone)
Plavix (clopidogrel)	Pred-G (prednisolone/gentamicin)
Plendil (felodipine)	prednicarbate
Pletal (cilostazol)	prednisolone
Plexion (sulfacetamide/sulfur)	prednisolone/gentamicin
pneumococcal vaccine	prednisone
Pneumovax (pneumococcal vaccine)	Prelone # (prednisolone)
Pnu-Imune # (pneumococcal vaccine)	Premarin (estrogens, conjugated)
podofilox	Premphase (medroxyprogesterone/estrogens, conjugated)
Polaramine # (dexchlorpheniramine) – see Table 12, p. 41	Prempro (medroxyprogesterone/estrogens, conjugated)
Polycitra (citric acid/sodium citrate/potassium citrate)	prenatal vitamins *
Polycitra-K (citric acid/potassium citrate)	Prevacid (lansoprazole) capsules – <b>PA &gt; 16 years</b> ; see Table 3, p. 32
Polycitra-LC (citric acid/sodium citrate/potassium citrate)	Prevacid (lansoprazole) suspension – <b>PA &gt; 16 years (except for LTC members)</b> ; see Table 3, p. 32
polyethylene glycol-electrolyte solution	Prevalite # (cholestyramine)
Polygam S/D (immune globulin IV, human) – <b>PA</b> ; see Table 1, p. 30	Preven (ethinyl estradiol/levonorgestrel)
polymyxin B	Prevident (sodium fluoride)
Poly-Pred (neomycin/polymyxin B/prednisolone)	
polythiazide	
Polytrim # (trimethoprim/polymyxin B)	

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## Alphabetic List (cont.)

Prevpac (lansoprazole/amoxicillin/  
clarithromycin)  
Prilosec (omeprazole) – **PA**; see Table 3, p. 32  
primaquine  
Primaxin (imipenem/cilastatin)  
primidone  
Primsol (trimethoprim)  
Principen # (ampicillin)  
Prinivil # (lisinopril)  
Prinzide # (lisinopril/hydrochlorothiazide)  
Proamatine (midodrine)  
probenecid  
probenecid/colchicine  
procainamide  
Procanbid (procainamide)  
procarbazine  
Procardia # (nifedipine)  
prochlorperazine  
Procrit (epoetin alfa) – **PA**; see Table 4, p. 33  
Proctocort # (hydrocortisone)  
Proctocream-HC # (pramoxine/hydrocortisone)  
Proctofoam-HC (pramoxine/hydrocortisone)  
Procto-Kit # (hydrocortisone)  
procyclidine  
Profilnine SD (factor IX complex)  
progesterone  
Proglycem (diazoxide)  
Prograf (tacrolimus)  
Prolixin # (fluphenazine)  
Proloprim # (trimethoprim)  
promethazine – see Table 12, p. 41  
promethazine/phenylephrine – see Table 12,  
p. 41  
Promethegan (promethazine)  
Prometrium (progesterone)  
Pronestyl # (procainamide)  
propafenone  
propantheline  
Propine # (dipivefrin)  
Proplex T (factor IX complex)  
propoxyphene – see Table 8, p. 37  
propoxyphene napsylate – see Table 8, p. 37  
propoxyphene napsylate/acetaminophen – see  
Table 8, p. 37  
propranolol  
propranolol/hydrochlorothiazide  
propylthiouracil  
Proscar (finasteride)

Prosed/DS (methenamine/benzoic  
acid/atropine/hyoscyamine/saldol/methylene blue)  
ProSom # (estazolam) — **Limit 10 units/month**  
**(effective 03/03/03)**; see Table 15, p.44  
Prostigmin (neostigmine)  
Protonix (pantoprazole) – see Table 3, p. 32  
Protopic (tacrolimus)  
protriptyline  
Protropin (somatrem) – **PA**; see Table 9, p. 38  
Proctozone-HC # (hydrocortisone)  
Proventil # (albuterol)  
Provera # (medroxyprogesterone)  
Provigil (modafinil)  
Prozac # (fluoxetine)  
Prozac Weekly (fluoxetine) — **PA (effective**  
**03/03/03)**  
Prudoxin (doxepin)  
pseudoephedrine \*  
Psorcon # (diflorasone)  
psyllium \*  
Pulmicort (budesonide)  
Pulmozyme (dornase alpha)  
Purinethol (mercaptopurine)  
pyrazinamide  
Pyridium (phenazopyridine)  
pyridostigmine bromide  
pyridoxine \*  
pyrilamine/phenylephrine – see Table 12, p. 41  
pyrimethamine

## Q

quazepam — **PA (effective 03/03/03)**; see Table  
15, p. 44  
Questran # (cholestyramine)  
quetiapine  
Quibron (theophylline/guafenesin)  
Quibron-T/SR (theophylline)  
quinacrine  
Quinaglute # (quinidine)  
quinapril  
quinapril/hydrochlorothiazide  
Quinidex # (quinidine)  
quinidine  
quinine  
Quixin (levofloxacin)  
Qvar (beclomethasone)

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## Alphabetic List (cont.)

### R

Rabavert (rabies vaccine)  
rabeprazole – **PA**; see Table 3, p. 32  
rabies immune globulin IM, human – see Table 1, p. 30  
rabies vaccine  
Radiacare (oxybenzone/pedimate)  
raloxifene  
ramipril  
ranitidine \* – see Table 3, p. 32  
Rapamune (sirolimus)  
Rebetol (ribavirin)  
Rebetron (interferon alfa-2b/ribavirin) – see Table 5, p. 34  
Rebif (interferon beta-1a) – see Table 5, p. 34  
Recombinate (antihemophilic factor, recombinant)  
Recombivax HB (hepatitis B, recombinant vaccine)  
Refacto (antihemophilic factor, recombinant)  
Refludan (lepirudin) – **PA**  
Regitine (phentolamine)  
Reglan # (metoclopramide)  
Regranex (becaplermin)  
Relafen # (nabumetone) – see Table 11, p. 40  
Relenza (zanamivir) — **Limit 20 units/month (effective 03/03/03)**  
Remeron (mirtazapine)  
Remicade (infliximab) – **PA**; see Table 5, p. 34  
Reminyl (galantamine)  
Remular-S # (chlorzoxazone)  
Renacidin (magnesium carbonate/citric acid/gluconolactone)  
Renagel (sevelamer)  
Renese (polythiazide)  
repaglinide  
Repan # (butalbital/acetaminophen/cafeine)  
Repan-CF # (butalbital/acetaminophen)  
Requip (ropinirole)  
Rescriptor (delavirdine)  
Rescula (unoprostone)  
reserpine  
RespiGam (respiratory syncytial virus immune globulin IV) – **PA**; see Table 1, p. 30  
respiratory syncytial virus immune globulin IV – **PA**; see Table 1, p. 30

Restoril # (temazepam) — **Limit 10 units/month (effective 03/03/03)**; see Table 15, p. 44  
Retin-A # (tretinoin) – **PA > 25 years**; see Table 10, p. 39  
Retinol \*  
Retrovir (zidovudine)  
Revia # (naltrexone)  
Rheumatrex # (methotrexate)  
Rhinocort (budesonide)  
Rho(D) immune globulin IM – see Table 1, p. 30  
Rho(D) immune globulin IM micro-dose – see Table 1, p. 30  
Rho(D) immune globulin IV, human – see Table 1, p. 30  
RhoGAM (Rho(D) immune globulin IM) – see Table 1, p. 30  
ribavirin  
riboflavin \*  
Ridaura (auranofin)  
rifabutin  
Rifadin # (rifampin)  
Rifamate (rifampin/isoniazid)  
rifampin  
rifampin/isoniazid  
Rilutek (riluzole)  
riluzole  
Rimactane # (rifampin)  
rimantadine  
rimexolone  
risedronate  
Risperdal (risperidone)  
risperidone  
Ritalin # (methylphenidate)  
ritonavir  
ritonavir/lopinavir  
Rituxan (rituximab)  
rituximab  
rivastigmine  
rizatriptan — **PA (effective 03/03/03)**; see Table 14, p. 43  
rizatriptan orally disintegrating tablets — **PA (effective 03/03/03)**; see Table 14, p. 43  
RMS (morphine) – see Table 8, p. 37  
Robaxin # (methocarbamol) – see Table 7, p. 36  
Robinul # (glycopyrrolate)  
Rocaltrol # (calcitriol)  
Rocephin (ceftriaxone)  
rofecoxib – **PA < 60 years**; see Table 11, p. 40

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## Alphabetic List (cont.)

Roferon-A (interferon alfa-2a) – see Table 5, p. 34  
ropinirole  
rosiglitazone  
rosiglitazone/metformin — **PA**  
Rowasa (mesalamine)  
Roxanol (morphine) – see Table 8, p. 37  
Roxanol-T (morphine) – see Table 8, p. 37  
Roxicet # (oxycodone/acetaminophen) – see Table 8, p. 37  
Roxicodone (oxycodone) – see Table 8, p. 37  
Roxiprin (oxycodone/aspirin) – see Table 8, p. 37  
Rx-Otic (antipyrine/benzocaine)  
Rythmol # (propafenone)

## **S**

Saizen (somatropin) – **PA**; see Table 9, p. 38  
Salagen (pilocarpine)  
salicylic acid/sulfur colloidal  
salmeterol  
salmeterol/fluticasone  
salsalate  
Sal-Tropine (atropine)  
Sandimmune # (cyclosporine)  
Sandoglobulin (immune globulin IV, human) – **PA**; see Table 1, p. 30  
Sandostatin (octreotide) – **PA**  
Sansert (methysergide)  
Santyl (collagenase)  
saquinavir  
Sarafem (fluoxetine) — **PA (effective 03/03/03)**  
sargramostim – **PA**; see Table 4, p. 33  
scopolamine  
scopolamine/phenylephrine  
secobarbital  
secobarbital/amobarbital  
Seconal # (secobarbital)  
Sectral # (acebutolol)  
selegiline  
selenium sulfide \*  
Semprex-D (acrivastine/pseudoephedrine) – **PA**; see Table 12, p. 41  
senna \*  
Sensorcaine # (bupivacaine)  
Septisol (hexachlorophene)  
Septra # (trimethoprim/sulfamethoxazole)  
Serax # (oxazepam)

Serentil (mesoridazine)  
Serevent (salmeterol)  
Seroquel (quetiapine)  
Serostim (somatropin) – **PA**; see Table 9, p. 38  
sertraline  
Serzone (nefazodone)  
sevelamer  
Shohl's Solution (sodium citrate/citric acid)  
sibutramine – **PA**  
Sildec (carbinoxamine/pseudoephedrine)  
sildenafil – **PA**; see Table 6, p. 35  
Silvadene # (silver sulfadiazine)  
silver sulfadiazine  
simethicone \*  
simvastatin – **PA**; see Table 13, p. 42  
Sinemet # (carbidopa/levodopa)  
Sinequan # (doxepin)  
Singulair (montelukast)  
sirolimus  
Skelaxin (metaxalone) – see Table 7, p. 36  
Skelid (tiludronate)  
Slo-Bid # (theophylline)  
Slo-Phyllin (theophylline)  
sodium bicarbonate \*  
sodium chloride solution for inhalation \*  
sodium citrate/citric acid  
sodium ferric gluconate complex  
sodium fluoride  
sodium phenylbutyrate  
sodium phosphate  
sodium polystyrene sulfonate  
Solaraze (diclofenac)  
Solganal (aurothioglucose)  
Solu-Cortef # (hydrocortisone)  
Solu-Medrol # (methylprednisolone)  
Soma # (carisoprodol) – see Table 7, p. 36  
somatrem – **PA**; see Table 9, p. 38  
somatropin – **PA**; see Table 9, p. 38  
Somnote (chloral hydrate)  
Sonata (zaleplon) — **Limit 10 units/month (effective 03/03/03)**; see Table 15, p. 44  
Sorbitrate # (isosorbide)  
Soriatane (acitretin) – see Table 10, p. 39  
sotalol  
Spectazole (econazole)  
Spectracef (cefditoren)  
spironolactone  
spironolactone/hydrochlorothiazide

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## Alphabetic List (cont.)

Sporanox (itraconazole)  
SPS # (sodium polystyrene sulfonate)  
SSKI (potassium iodide)  
Stadol injection # (butorphanol)  
Stadol nasal spray # (butorphanol) — **PA**  
**(effective 03/03/03)**  
stanazolol  
Starlix (nateglinide)  
Stelazine # (trifluoperazine)  
Stimate (desmopressin)  
Stromectol (ivermectin)  
succimer  
sucralfate  
Sular (nisoldipine)  
sulconazole  
Sulfacet-R (sulfacetamide/sulfur)  
sulfacetamide  
sulfacetamide/prednisolone  
sulfacetamide/sulfur  
sulfadiazine  
Sulfamide (sulfacetamide)  
Sulfamylon (mafenide)  
sulfanilamide  
sulfasalazine  
Sulfatrim # (trimethoprim/sulfamethoxazole)  
Sulfazine # (sulfasalazine)  
sulfinpyrazone  
sulfisoxazole  
Sulfoxyl (benzoyl peroxide/sulfur) —  
**PA > 25 years**  
sulindac — see Table 11, p. 40  
sumatriptan, all dosage forms — **PA (effective**  
**03/03/03)**; see Table 14, p. 43  
Sumycin # (tetracycline)  
Suprax (cefixime)  
Surmontil (trimipramine)  
Sustiva (efavirenz)  
Symmetrel # (amantadine)  
Synagis (palivizumab) — **PA**  
Synalar # (fluocinolone)  
Synalgos-DC (dihydrocodeine/aspirin/caffeine)  
Synarel (nafarelin)  
Synemol (fluocinolone)  
Synthroid (levothyroxine)  
Synvisc (hylan polymers) — **PA**  
Syprine (trientine)

## I

tacrine  
tacrolimus  
Tagamet # (cimetidine \*) — see Table 3, p. 32  
Talacen # (pentazocine/acetaminophen)  
Talwin (pentazocine)  
Tambocor (flecainide)  
Tamiflu (oseltamivir) — **Limit 10 capsules/month**  
**(effective 03/03/03)**  
tamoxifen  
tamsulosin  
TAO (troleandomycin)  
Tapazole # (methimazole)  
Targretin (bexarotene)  
Tarka (trandolapril/verapamil)  
Tasmar (tolcapone)  
Tavist # (clemastine) — see Table 12, p. 41  
Taxol # (paclitaxel)  
Taxotere (docetaxel)  
tazarotene — **PA > 25 years**; see Table 10, p. 39  
Tazicef # (ceftazidime)  
Tazidime # (ceftazidime)  
Tazorac (tazarotene) — **PA > 25 years**; see Table 10,  
p. 39  
TBC # (trypsin/balsam peru/castor oil)  
tegaserod — **PA**  
Tegison (etretinate) — see Table 10, p. 39  
Tegretol # (carbamazepine)  
telmisartan  
temazepam — **Limit 10 units/month (effective**  
**03/03/03)**; see Table 15, p. 44  
Temodar (temozolomide)  
Temovate # (clobetasol)  
temozolomide  
Tenex # (guanfacine)  
tenofovir  
Tenoretic # (atenolol/chlorthalidone)  
Tenormin # (atenolol)  
Tequin (gatifloxacin)  
Terak (oxytetracycline/polymyxin B)  
Terazol (terconazole)  
terazosin  
terbinafine  
terbutaline  
terconazole  
Teslac (testolactone)  
Tessalon # (benzonatate)  
Testoderm (testosterone)

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## Alphabetic List (cont.)

testolactone	timolol/hydrochlorothiazide
testosterone	Timoptic # (timolol)
Testred (methyltestosterone)	tiopronin
tetanus immune globulin IM, human – see Table 1, p. 30	tizanidine – see Table 7, p. 36
tetracycline	TOBI (tobramycin/sodium chloride)
Teveten (eprosartan)	TobraDex (tobramycin/dexamethasone)
Texacort # (hydrocortisone)	tobramycin
thalidomide – see Table 5, p. 34	tobramycin/dexamethasone
Thalitone (chlorthalidone)	tobramycin/sodium chloride
Thalomid (thalidomide) – see Table 5, p. 34	Tobrex # (tobramycin)
Theo-24 (theophylline)	tocainide
Theochron # (theophylline)	Tofranil # (imipramine)
Theo-Dur # (theophylline)	tolazamide
Theolair (theophylline)	tolbutamide
Theolair-SR # (theophylline)	tolcapone
Theolate (theophylline/guaifenesin)	Tolectin # (tolmetin) – see Table 11, p. 40
theophylline	Tolinase # (tolazamide)
theophylline/guaifenesin	tolmetin – see Table 11, p. 40
theophylline/potassium iodide	tolnaftate *
Thera-Flur-N (sodium fluoride)	tolterodine
Thermazene # (silver sulfadiazine)	Tonocard (tocainide)
thiabendazole	Topamax (topiramate)
thiamine *	Topicort # (desoximetasone)
thiethylperazine	topiramate
thioguanine	Toprol (metoprolol)
Thiola (tiopronin)	Toradol # (ketorolac) – see Table 11, p. 40
thioridazine	Torecan (thiethylperazine)
thiothixene	toremifene
Thorazine # (chlorpromazine)	torsemide
Thymoglobulin (antithymocyte globulin, rabbit) – see Table 1, p. 30	T-Phyl (theophylline)
thyroid	Tracleer (bosentan) – <b>PA</b>
Thyrolar (liotrix)	tramadol
Thyrox (levothyroxine)	tramadol/acetaminophen
tiagabine	Trandate # (labetalol)
Tiazac (diltiazem)	trandolapril
ticarcillin/clavulanate	trandolapril/verapamil
TICE BCG (BCG vaccine)	Transderm-Nitro (nitroglycerin)
Ticlid # (ticlopidine)	Transderm-Scop (scopolamine)
ticlopidine	Tranxene T # (clorazepate)
Tigan # (trimethobenzamide)	tranylcypromine
Tikosyn (dofetilide)	trastuzumab
Tilade (nedocromil)	Travasol (amino acid & electrolyte IV infusion)
tiludronate	Travatan (travoprost)
Timentin (ticarcillin/clavulanate)	travoprost
Timolide (timolol/hydrochlorothiazide)	trazodone
timolol	Trelstar Depot (triptorelin) – <b>PA</b> ; see Table 2, p. 31
	Trental # (pentoxifylline)
	tretinoin – <b>PA &gt; 25 years</b> ; see Table 10, p. 39

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## Alphabetic List (cont.)

Trexall (methotrexate)  
triamcinolone  
triamterene/hydrochlorothiazide  
triazolam — **Limit 10 units/month (effective 03/03/03)**; see Table 15, p. 44  
Tri-Chlor (trichloroacetic acid)  
trichlormethiazide  
trichloroacetic acid  
Tricor # (fenofibrate)  
Tricosal (choline salicylate/magnesium salicylate)  
trientine  
triethanolamine  
trifluoperazine  
trifluridine  
trihexyphenidyl  
Trilafon # (perphenazine)  
Trileptal (oxcarbazepine)  
Tri-Levlen # (ethinyl estradiol/levonorgestrel)  
Trilisate (choline salicylate/magnesium salicylate)  
trimethobenzamide  
trimethoprim  
trimethoprim/polymyxin B  
trimethoprim/sulfamethoxazole  
trimipramine  
Trimox # (amoxicillin)  
Trinalin Repetabs (azatadine/pseudoephedrine) — **PA**; see Table 12, p. 41  
Tri-Nasal (triamcinolone)  
Tri-Norinyl (ethinyl estradiol/norethindrone)  
tripelennamine — see Table 12, p. 41  
Triphasil # (ethinyl estradiol/levonorgestrel)  
triprolidine/pseudoephedrine  
triptorelin — **PA**; see Table 2, p. 31  
Tri-Statin II (nystatin/triamcinolone)  
Trivora # (ethinyl estradiol/levonorgestrel)  
Trizivir (abacavir/lamivudine/zidovudine)  
troleandomycin  
tropicamide  
Trusopt (dorzolamide)  
trypsin/balsam peru/castor oil  
Tuinal (secobarbital/amobarbital)  
Twinrix (hepatitis A, inactivated/hepatitis B, recombinant vaccine)  
Tylenol/codeine # (codeine/acetaminophen) — see Table 8, p. 36

Tylox # (oxycodone/acetaminophen) — see Table 8, p. 36  
Typhim Vi (typhoid vaccine)  
typhoid vaccine

## U

Ultracet (tramadol/acetaminophen)  
Ultram # (tramadol)  
Ultras (amylase/lipase/protease)  
Ultravate (halobetasol)  
Unasyn (ampicillin/sulbactam)  
Uni-Dur (theophylline)  
Uniphyll (theophylline)  
Uniretic (moexipril/hydrochlorothiazide)  
Unithroid (levothyroxine)  
Univasc (moexipril)  
unoprostone  
urea  
urea/sodium propionate/methionine/cystine/inositol  
Urecholine (bethanechol)  
Urex # (methenamine)  
Urimax (methenamine/hyoscyamine/methylene blue)  
Urised (methenamine/benzoic acid/atropine/hyoscyamine/methylene blue)  
Urispas (flavoxate)  
Urocit-K (potassium citrate)  
Uroquid-Acid No. 2 (methenamine/sodium biphosphate)  
URSO (ursodiol)  
ursodiol  
Usept (methenamine/benzoic acid/atropine/hyoscyamine/phenylsalicylate/methylene blue)

## V

Vagifem (estradiol)  
valacyclovir  
Valcyte (valganciclovir)  
valdecoxib — **PA < 60 years**; see Table 11, p. 40  
valganciclovir  
Valisone # (betamethasone)  
valproate  
valproic acid  
valsartan  
valsartan/hydrochlorothiazide  
Valtrex (valacyclovir)

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## Alphabetic List (cont.)

Vancenase (beclomethasone)  
Vanceril (beclomethasone)  
Vancocin # (vancomycin)  
Vancoled # (vancomycin)  
vancomycin  
Vanoxide-HC (benzoyl peroxide/hydrocortisone) –  
    **PA > 25 years**  
Vantin (cefpodoxime)  
varicella-zoster immune globulin IM, human –  
    see Table 1, p. 30  
Vascor (bepridil)  
Vaseretic # (enalapril/hydrochlorothiazide)  
Vasocidin # (sulfacetamide/prednisolone)  
vasopressin  
Vasotec # (enalapril)  
Veetids # (penicillin V)  
venlafaxine  
Venofer (iron sucrose)  
Venoglobulin-I (immune globulin IV, human) –  
    **PA**; see Table 1, p. 30  
Venoglobulin-S (immune globulin IV, human) –  
    **PA**; see Table 1, p. 30  
Ventolin # (albuterol)  
Vepesid # (etoposide)  
verapamil  
Verelan # (verapamil)  
Vermox # (mebendazole)  
Versed # (midazolam)  
verteporfin  
Vesanoid (tretinoin) – see Table 10, p. 39  
Vexol (rimexolone)  
Viadur (leuprolide) – **PA**; see Table 2, p. 31  
Viagra (sildenafil) – **PA**; see Table 6, p. 35  
Vibramycin # (doxycycline)  
Vicodin # (hydrocodone/acetaminophen) – see  
    Table 8, p. 37  
vidarabine  
Videx (didanosine)  
vinblastine  
vincristine  
vinorelbine  
Viokase (amylase/lipase/protease)  
Vioxx (rofecoxib) – **PA < 60 years**; see Table  
    11, p. 40  
Vira-A (vidarabine)  
Viracept (nelfinavir)  
Viramune (nevirapine)  
Viread (tenofovir)

Viroptic # (trifluridine)  
Visicol (sodium phosphate)  
Vistaril # (hydroxyzine) – see Table 12, p. 41  
Vistide (cidofovir)  
Visudyne (verteporfin)  
vitamin A (retinol) \*  
vitamin B<sub>1</sub> (thiamine) \*  
vitamin B<sub>2</sub> (riboflavin) \*  
vitamin B<sub>3</sub> (niacin) \*  
vitamin B<sub>6</sub> (pyridoxine) \*  
vitamin B<sub>12</sub> (cyanocobalamin) \*  
vitamin B complex \*  
vitamin C \*  
vitamin D \*  
vitamin D/dihydrotachysterol/ergocalciferol  
vitamins, multiple \*  
vitamins, multiple/minerals \*  
vitamins, pediatric \*  
vitamins, prenatal \*  
Vivactil # (protriptyline)  
Vivelle # (estradiol)  
Vivelle-Dot (estradiol)  
Vivotif Berna Vaccine (typhoid vaccine)  
Volmax (albuterol)  
Voltaren # (diclofenac) – see Table 11, p. 40  
Vosol # (acetic acid)  
Vytone (iodoquinol/hydrocortisone)

## W

warfarin  
water for inhalation \*  
Welchol (colesevelam)  
Wellbutrin # (bupropion)  
Westcort # (hydrocortisone)  
WinRho SDF (Rho(D) immune globulin IV, human) –  
    see Table 1, p. 30  
Winstrol (stanozolol)  
witch hazel \*  
Wycillin (penicillin G)

## X

Xalatan (latanoprost)  
Xanax # (alprazolam)  
Xeloda (capecitabine)  
Xenical (orlistat) – **PA**  
Xerac AC (aluminum chloride)  
Xopenex (levalbuterol)

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## Alphabetic List (cont.)

Xylocaine # (lidocaine)  
Xylocaine-MPF # (lidocaine)

### Y

Yasmin (ethinyl estradiol/drospirenone)  
Yodoxin (iodoquinol)

### Z

Zaditor (ketotifen)  
zafirlukast  
zalcitabine  
zaleplon — **Limit 10 units/month (effective 03/03/03)**; see Table 15, p. 44  
Zanaflex # (tizanidine) – see Table 7, p. 36  
zanamivir — **Limit 20 units/month**  
Zantac # (ranitidine \*) – see Table 3, p. 32  
Zarontin # (ethosuximide)  
Zaroxolyn (metolazone)  
Zebeta # (bisoprolol)  
Zebutal (butalbital/acetaminophen/cafeine)  
Zelnorm (tegaserod) – **PA**  
Zemplar (paricalcitol)  
Zerit (stavudine)  
Zestoretic # (lisinopril/hydrochlorothiazide)  
Zestril # (lisinopril)  
Zetia (ezetimibe) — **PA**  
Ziac # (bisoprolol/hydrochlorothiazide)  
Ziagen (abacavir)  
zidovudine  
zileuton  
Zinacef # (cefuroxime)  
zinc oxide \*  
zinc sulfate  
Zincate (zinc sulfate)  
Ziox (papain/urea/chlorophyllin)  
ziprasidone  
Zithromax (azithromycin)  
Zocor (simvastatin) – **PA**; see Table 13, p. 42  
Zocort HC (chloroxylenol/pramoxine/hydrocortisone)  
Zofran (ondansetron)  
Zoladex (goserelin) – **PA**; see Table 2, p. 31  
zoledronic acid  
zolmitriptan – see Table 14, p. 43  
zolmitriptan orally disintegrating tablets – see Table 14, p. 43  
Zoloft (sertraline)

zolpidem — **Limit 10 units/month (effective 03/03/03)**; see Table 15, p. 44  
Zometa (zoledronic acid)  
Zomig (zolmitriptan) – see Table 14, p. 43  
Zomig-ZMT (zolmitriptan orally disintegrating tablets) – see Table 14, p. 43  
Zonalon (doxepin)  
Zone-A Forte (pramoxine/hydrocortisone)  
Zonegran (zonisamide)  
zonisamide  
Zosyn (piperacillin/tazobactam)  
Zoto-HC (chloroxylenol/pramoxine/hydrocortisone)  
Zovia # (ethinyl estradiol/ethynodiol)  
Zovirax # (acyclovir)  
Zydone (hydrocodone/acetaminophen) – see Table 8, p. 37  
Zyflo (zileuton)  
Zyloprim # (allopurinol)  
Zyprexa (olanzapine)  
Zyrtec (cetirizine) syrup – **PA > 12 years (except LTC members)**; see Table 12, p. 41  
Zyrtec (cetirizine) tablets – **Limit 31 doses/month**; see Table 12, p. 41  
Zyrtec-D (cetirizine/pseudoephedrine) – **Limit 62 doses/month**; see Table 12, p. 41  
Zyvox (linezolid)

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## Therapeutic Class Tables

**Table 1 – Immune Globulins**

Drug Name†	PA Status	Clinical Notes
cytomegalovirus immune globulin IV, human (CMV-IGIV) – CytoGam		<p><i>Rate and Route of Administration:</i></p> <ul style="list-style-type: none"> <li>administer only at rate, route, and concentration indicated for product; too rapid IV administration rate may lead to a precipitous drop in blood pressure, fluid overload, and a possible thrombotic event. Cautious use in patients with history of cardiovascular disease or thrombotic episodes.</li> </ul> <p><i>Renal Risk:</i></p> <ul style="list-style-type: none"> <li>IGIV (human) products have been associated with renal dysfunction, acute renal failure and osmotic nephrosis. Risk factors include age &gt; 65 years, pre-existing renal dysfunction, volume depletion, concurrent use of nephrotoxic drugs, diabetes and sepsis. An additional risk appears to be associated with IGIV products containing sucrose as a stabilizer (Panglobulin, Gammar-P) when a total dose ≥ 400mg/kg was given. Note that RespiGam also contains sucrose.</li> </ul> <p><i>Hypersensitivity Reactions:</i></p> <ul style="list-style-type: none"> <li>reportedly rare, however incidence may increase with use of large IM doses or repeated injections of immune globulins.</li> </ul> <p><i>Live Virus Vaccines (measles, mumps, rubella, varicella):</i></p> <ul style="list-style-type: none"> <li>antibodies present in immune globulin preparations may interfere with the immune response of live virus vaccines, especially when large doses of immunoglobulins are given. For many immune globulins, a live virus vaccine should not be administered within 3 months of immune globulin administration; a few immune globulins require an even longer period (5-11 months) before a live virus vaccine should be given; check individual manufacturer's recommendations for each product.</li> </ul>
hepatitis B immune globulin, human (HBIG) – BayHep B, H-BIG, HyperHep, Nabi-HB		
immune globulin IM, human (IGIM; gamma globulin; IgG) – immune serum globulin USP‡, BayGam		
immune globulin IV, human (IGIV) – Gamimmune N, Gammagard S/D, Gammar-P IV, Iveegam EN, Panglobulin, Polygam S/D, Sandoglobulin, Venoglobulin-I, Venoglobulin-S	PA	
antithymocyte globulin (equine) (ATG equine, LIG) – Atgam		
antithymocyte globulin (rabbit) (ATG rabbit) – Thymoglobulin		
rabies immune globulin IM, human (RIG) – BayRab, Imogam Rabies – HT		
Rho(D) immune globulin IM (Rho(D) IGIM) – BayRho-D Full Dose, Gamulin Rh, HypRho-D, RhoGAM		
Rho(D) immune globulin IM micro-dose (Rho(D) IG Micro-dose) – BayRho-D Mini Dose, HypRho-D Mini-Dose, MICRhoGAM, Mini-Gamulin Rh		
Rho(D) immune globulin IV, human (Rho(D) IGIV) – WinRho SDF		
respiratory syncytial virus immune globulin IV, human (RSV-IGIV) – RespiGam	PA	
tetanus immune globulin IM, human (TIG) – BayTet		
varicella-zoster immune globulin IM, human (VZIG) ‡		

† Brand-name products are capitalized. Generic products are in lowercase.

‡ Product must be obtained through the Massachusetts Public Health Biologic Laboratories.

**Therapeutic Class Tables (cont.)**

**Table 2 – Hormones – Gonadotropin-Releasing Hormone Analogs**

Drug Name†	PA Status	Clinical Notes
Lupron # (leuprolide)	PA	<p><i>For PA drugs, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.</i></p> <ul style="list-style-type: none"> <li>• breast cancer (advanced) – Zoladex</li> <li>• central precocious puberty – Lupron</li> <li>• endometrial thinning – Zoladex</li> <li>• endometriosis – Lupron, Zoladex</li> <li>• prostatic cancer (advanced) – Lupron, Trelstar, Viadur, Zoladex</li> <li>• prostatic carcinoma (Stage B2-C) – Zoladex</li> <li>• uterine leiomyomata – Lupron</li> </ul> <p><i>Contraindications:</i></p> <ul style="list-style-type: none"> <li>• pregnancy and lactation – all products</li> <li>• undiagnosed, abnormal vaginal bleeding: leuprolide, Lupron, Viadur, Zoladex</li> </ul>
Trelstar Depot (triptorelin)	PA	
Viadur (leuprolide)	PA	
Zoladex (goserelin)	PA	

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**Table 3 – Gastrointestinal Drugs – Histamine H<sub>2</sub> Antagonists/Proton Pump Inhibitors**

**H<sub>2</sub> Antagonists**

Drug Name†	PA Status	Clinical Notes
Axid # (nizatidine)		<i>Optimize dosing regimen:</i> <ul style="list-style-type: none"> <li>For duodenal or gastric ulcer treatment, administer total daily dose between evening meal and bedtime – ulcer healing is directly proportional to degree of nocturnal acid reduction</li> </ul> <i>Duration of therapy:</i> <ul style="list-style-type: none"> <li>duodenal ulcer (DU) – 4 weeks</li> <li>gastric ulcer (GU) – 8 weeks</li> </ul>
Pepcid # (famotidine *)		
Tagamet # (cimetidine *)		
Zantac # (ranitidine *)		

**Proton Pump Inhibitors (PPIs)**

Drug Name†	PA Status	Clinical Notes
Aciphex (rabeprazole)	PA	<i>Optimize dosing regimen:</i> <ul style="list-style-type: none"> <li>For maximum efficacy, a PPI must be taken in a fasting state, just before or with breakfast. In general, for patients on PPIs it is not necessary to prescribe other antisecretory agents (e.g., H<sub>2</sub> antagonists, prostaglandins). If an antisecretory agent is prescribed with a PPI, the PPI should not be taken within 6 hours of the H<sub>2</sub> antagonist or prostaglandin. PPI's should not be taken on an "as needed" basis.</li> </ul> <i>QD dosing versus BID dosing:</i> <ul style="list-style-type: none"> <li>QD dosing is adequate for most individuals except for H.pylori treatment (PPI is BID for 1<sup>st</sup> two weeks of therapy). For pathological hypersecretory conditions, such as ZE Syndrome, a BID PPI regimen may be needed for high total daily doses. When/if a second dose is prescribed, it should be given just before the evening meal.</li> </ul> <i>Apparent PPI non-responder:</i> <ul style="list-style-type: none"> <li>Careful history should be obtained to ensure appropriate timing of drug administration and no significant drug interactions (see above), before prescribing a second dose or switching to another PPI</li> </ul> <i>Duration of therapy:</i> <ul style="list-style-type: none"> <li>duodenal ulcer (DU) – 4 weeks (QD dosing)</li> <li>gastric ulcer (GU) – 8 weeks (QD dosing)</li> <li>H. pylori – 2 weeks (BID dosing) + 2 more weeks if DU using QD dosing and 6 more weeks if GU using QD dosing</li> <li>acute symptomatic GERD – 4-8 weeks (QD dosing)</li> </ul> <i>NG Tube administration:</i> <p>Prevacid (lansoprazole) capsules can be opened and the intact granules mixed with 40 ml. of apple juice and then administered through the NG tube. After administration, flush NG tube with additional apple juice. Prevacid suspension is not recommended for NG tube administration. It is a viscous liquid, and will thicken over time.</p> <i>Tablet/Capsule administration:</i> <p>PPI tablets or the contents of PPI capsules should not be chewed, split, or crushed. For patients who have difficulty swallowing PPI capsules, the capsule can be opened and the intact granules can be sprinkled on applesauce. See specific product information for further information on liquids and foods compatible with capsule contents.</p>
Nexium (esomeprazole)	PA	
Prevacid (lansoprazole) capsules	PA > 16 years	
Prevacid (lansoprazole) suspension	PA > 16 years (except for LTC members)	
Prilosec (omeprazole)	PA	
Protonix (pantoprazole)		

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**Therapeutic Class Tables (cont.)**

**Table 4 – Hematologic Agents – Hematopoietic Agents**

Drug Name†	PA Status	Clinical Notes
Colony Stimulating Factors		For PA drugs, an FDA-approved indication must be met. For unlabeled uses, approval will be considered based on current medical evidence.
Leukine (sargramostim; GM-CSF)	PA	
Neulasta (pegfilgrastim)	PA	
Neupogen (filgrastim; G-CSF)	PA	
Interleukins		Monitoring: <ul style="list-style-type: none"><li>erythropoietin – evaluate iron status before and during therapy. Transferrin saturation should be at least 20% and serum ferritin at least 100 ng/ml. Most patients will eventually require supplemental iron.</li><li>colony stimulating factors (G-CSF, GM-CSF) – certain drugs, such as corticosteroids and lithium may potentiate the myeloproliferative effects of colony stimulating factors; GM-CSF: fluid retention, occasional transient supraventricular arrhythmias and dyspnea may occur – use cautiously in patients with cardiac or pulmonary disease.</li><li>oprelvekin – fluid retention will occur - use cautiously in patients with CHF or preexisting fluid collections (eg. ascites, pericardial or pleural effusions).</li></ul>
Neumega (oprelvekin; IL-11)	PA	
Recombinant Human Erythropoietin		
Aranesp (darbepoetin alfa)	PA	
Epogen (epoetin alfa;EPO)	PA	
Procrit (epoetin alfa;EPO)	PA	

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**Table 5 – Immunologic Agents – Immunomodulators**

Drug Name†	PA Status	Clinical Notes
Actimmune (interferon gamma-1b)		<p><i>For PA drugs, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.</i></p> <ul style="list-style-type: none"> <li>• AIDS-related Kaposi's sarcoma – Intron A, Roferon-A</li> <li>• Chronic granulomatous disease – Actimmune</li> <li>• CML – Roferon-A</li> <li>• Condylomata acuminata – Alferon N, Intron A</li> <li>• Crohn's disease – Remicaide</li> <li>• Erythema nodosum leprosum – Thalomid</li> <li>• Follicular lymphoma – Intron A</li> <li>• Hairy cell leukemia – Intron A, Roferon-A</li> <li>• Hepatitis B (chronic) – Intron A</li> <li>• Hepatitis C (chronic) – Infergen, Intron A, PEG-Intron, Rebetron</li> <li>• Malignant melanoma – Intron A</li> <li>• Multiple sclerosis – Avonex, Betaseron, Novantrone, Rebif</li> <li>• Osteopetrosis – Actimmune</li> <li>• Psoriatic arthritis – Enbrel</li> <li>• Rheumatoid arthritis, severe – Kineret, Enbrel, Remicaide</li> <li>• Rheumatoid arthritis, juvenile – Enbrel</li> </ul> <p><i>Alpha interferons Precautions:</i></p> <ul style="list-style-type: none"> <li>• Life-threatening or fatal neuropsychiatric, autoimmune, ischemic and infectious disorders may be caused or aggravated by alpha interferons. Monitor patients closely with periodic clinical and laboratory evaluations. See manufacturers' information for full details.</li> </ul>
Alferon N (interferon alfa-n3, human leukocyte derived)		
Avonex (interferon beta-1a)		
Betaseron (interferon beta-1b)		
Enbrel (etanercept)	PA	
Infergen (interferon alfacon-1)		
Intron A (interferon alfa-2b; IFN-alpha2; rIFN-α2; α-2-interferon)		
Kineret (anakinra)	PA	
Novantrone (mitoxantrone)		
PEG-Intron (peginterferon alpha-2b)		
Rebetron (interferon alfa-2b recombinant + ribavirin)		
Rebif (interferon beta-1a)		
Remicaide (infliximab)	PA	
Roferon-A (interferon alfa-2a; rIFN-A; IFLrA)		
Thalomid (thalidomide)	S.T.E.P.S. (restricted drug distribution program; only prescribers and pharmacists registered with this program may prescribe and dispense the drug)	

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**Therapeutic Class Tables (cont.)**

**Table 6 – Impotence Agents**

Drug Name†	PA Status	Clinical Notes
Caverject (alprostadil, prostaglandin E <sub>1</sub> ; PGE <sub>1</sub> )	PA	<ul style="list-style-type: none"> <li>Sildenafil may potentiate the hypotensive effects of nitrates, which in any form, are contraindicated with use of sildenafil.</li> <li>Sildenafil is metabolized by cytochrome P450 enzymes 3A4 (major route) and 2C9 (minor route); use sildenafil cautiously with 3A4 inhibitors such as ketoconazole, erythromycin or cimetidine.</li> </ul>
Edex (alprostadil, prostaglandin E <sub>1</sub> ; PGE <sub>1</sub> )	PA	
Muse (alprostadil, prostaglandin E <sub>1</sub> ; PGE <sub>1</sub> )	PA	
Viagra (sildenafil)	PA	

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**Therapeutic Class Tables (cont.)**

**Table 7 – Muscle Relaxants – Centrally Acting**

Drug Name†	PA Status	Clinical Notes
Banflex (orphenadrine)		<p><i>PA for Lioresal intrathecal:</i> Use for spasticity of spinal cord origin (FDA-approved indication) or, in children for reducing spasticity in cerebral palsy (unlabeled use). Other unlabeled uses will be considered based on current medical evidence.</p> <p><i>Precautions:</i></p> <ul style="list-style-type: none"> <li>• All agents within this class may cause drowsiness and dizziness. Patients should be advised of this and to avoid alcohol and other CNS depressants.</li> <li>• anticholinergic effects – baclofen, cyclobenzaprine, orphenadrine, tizanidine</li> <li>• cyclobenzaprine – structurally related to tricyclic antidepressants (TCAs); consider potential for similar adverse effects and drug interactions as with TCAs</li> <li>• tizanidine – an <math>\alpha_2</math> agonist structurally related to clonidine; may cause hypotension; hepatocellular injury reported - monitor LFTs</li> </ul> <p><i>Urine discoloration:</i></p> <ul style="list-style-type: none"> <li>• orange or red-purple: chlorzoxazone</li> <li>• brown, black or green: methocarbamol</li> </ul>
diazepam		
Flexeril # (cyclobenzaprine)		
Flexoject (orphenadrine)		
Flexon (orphenadrine)		
Lioresal Intrathecal (baclofen)	PA	
Lioresal # (baclofen)		
Maolate (chlorphenesin)		
Norflex # (orphenadrine)		
Norgesic # (orphenadrine/aspirin/caffeine)		
Parafon Forte DSC # (chlorzoxazone)		
Remular-S # (chlorzoxazone)		
Robaxin # (methocarbamol)		
Skelaxin (metaxalone)		
Soma # (carisoprodol)		
Zanaflex (tizanidine)		

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**Table 8 – Narcotic Agonist Analgesics**

Drug Name†	PA Status	Clinical Notes
<b>Diphenylheptanes</b>		<p><i>Allergy:</i></p> <ul style="list-style-type: none"><li>True systemic narcotic allergy, such as a generalized rash, or angioedema, is unusual. A local, itchy wheal formation at the site of narcotic injection, generalized pruritus (no rash) or flushing may occur, and is due to histamine release. Meperidine is less likely to release histamine than morphine or other phenanthrenes; histamine release is not associated with fentanyl or methadone.</li></ul> <p><i>Cross-Hypersensitivity:</i></p> <ul style="list-style-type: none"><li>Systemic allergy manifestations, such as a generalized rash, or angioedema, although uncommon, are most likely to occur with natural opium alkaloids, such as morphine and codeine. If systemic allergy to morphine or codeine, a narcotic from a different chemical classification (i.e., diphenylheptanes, phenylpiperidines) should be selected. Ultram (tramadol) is structurally unrelated to opiates; however, the manufacturer states that it should not be used if previous hypersensitivity reaction to opiates.</li></ul> <p><i>Renal Dysfunction:</i></p> <ul style="list-style-type: none"><li>Accumulation of certain narcotics in patients with significant renal dysfunction can lead to excess sedation, respiratory depression, delirium, myoclonus or seizures.<ul style="list-style-type: none"><li>- avoid use: meperidine</li><li>- cautious use: codeine, hydrocodone, morphine</li></ul></li></ul> <p><i>Constipation:</i></p> <ul style="list-style-type: none"><li>Common adverse effect with chronic narcotic use; prescribe stool softener +/- laxative with narcotic</li></ul>
methadone (Dolophine #, Methadose #)		
propoxyphene (Darvon #)		
propoxyphene napsylate (Darvon N)		
propoxyphene napsylate/acetaminophen: (Darvocet-N #)		
<b>Phenanthrenes</b>		
codeine		
codeine/acetaminophen: (Tylenol/codeine #)		
codeine/aspirin: (Empirin with codeine)		
hydrocodone		
hydrocodone/acetaminophen: (Anexsia #, Hydrocet #, Lorcet #, Lortab #, Maxidone, Norco #, Vicodin #, Zydone)		
hydrocodone/aspirin: (Lortab ASA)		
hydromorphone (Dilaudid #)		
levorphanol (Levo-Dromoran #)		
morphine injection (Astramorph PF, Duramorph, Infumorph)		
morphine oral		
immediate release: (MS/L, MSIR, OMS, Roxanol, Roxanol-T)		
controlled release: (MS Contin #, Oramorph SR)		
extended release: (Avinza)	PA	
sustained release: (Kadian)		
morphine suppositories (MS/S, RMS, Roxanol)		
oxycodone		
immediate release: (Endocodone, Oxydose, OxyFAST, Oxy IR, Roxicodone)		
oxycodone/acetaminophen: (Endocet #, Percocet #, Roxicet #, Tylox #)		
oxycodone/aspirin: (Endodan #, Percodan #, Roxiprin)		
controlled release: (OxyContin)		
oxymorphone (Numorphan)		
<b>Phenylpiperidines</b>		
fentanyl injection		
fentanyl transdermal system (Duragesic)		
fentanyl transmucosal system (Actiq)	PA	
meperidine (Demerol #)		

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**Therapeutic Class Tables (cont.)**

**Table 9 – Growth Hormones**

Drug Name†	PA Status	Clinical Notes
somatrem – Protropin	PA	<p><i>For PA drugs, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.</i></p> <ul style="list-style-type: none"> <li>• Growth failure in children due to lack of endogenous growth hormone secretion – all products except Serostim</li> <li>• Growth failure in children due to Prader-Willi Syndrome – Genotropin</li> <li>• Growth failure in children associated with chronic renal insufficiency – Nutropin, Nutropin AQ</li> <li>• Short stature associated with Turner Syndrome – Nutropin, Nutropin AQ, Humatrope</li> <li>• Growth hormone deficiency in adults – Genotropin, Humatrope, Nutropin, Nutropin AQ</li> <li>• AIDS wasting or cachexia – Serostim</li> </ul> <p><i>Contraindications:</i></p> <ul style="list-style-type: none"> <li>• Active malignancy</li> <li>• Growth promotion in children with fused epiphyses</li> </ul>
somatropin – Genotropin Humatrope Norditropin Nutropin, Nutropin AQ Saizen Serostim	PA	

† Brand-name products are capitalized. Generic products are in lowercase.

**Therapeutic Class Tables (cont.)**

**Table 10 – Dermatologic Agents – Retinoids**

Drug Name†	PA Status	Clinical Notes
Accutane (isotretinoin; 13-cis-Retinoic Acid)		<p><i>For PA drugs, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.</i></p> <ul style="list-style-type: none"> <li>• Acne vulgaris – Avita, Differin, Retin-A, Tazorac</li> <li>• Kaposi’s sarcoma cutaneous lesions – Panretin</li> <li>• Psoriasis (stable) – Tazorac</li> </ul> <p><i>Contraindicated in pregnancy:</i></p> <ul style="list-style-type: none"> <li>• Accutane, Soriatane, Tazorac and Tegison</li> <li>• Accutane – prescribers must comply with the manufacturer’s S.M.A.R.T program: System to Manage Accutane Related Teratogenicity (see manufacturer’s product information for full details).</li> </ul> <p><i>Photosensitivity reactions:</i></p> <ul style="list-style-type: none"> <li>• minimize exposure to ultraviolet light or sunlight</li> <li>• other drugs which may also increase sensitivity to sun: quinolones, sulfonamides, thiazide diuretics, phenothiazines</li> </ul>
Avita #‡ (tretinoin; trans-Retinoic Acid; Vitamin A Acid)‡	PA > 25 years	
Differin‡ (adapalene)	PA > 25 years	
Panretin‡ (alitretinoin)	PA	
Retin-A #‡ (tretinoin; trans-Retinoic Acid; Vitamin A Acid)‡	PA > 25 years	
Soriatane (acitretin)		
Tazorac‡ (tazarotene)	PA > 25 years	
Tegison (etretinate)		
Vesanoid ^ (tretinoin)		

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‡ topical products

^ indicated for acute promyelocytic leukemia

Table 11 – Nonsteroidal Anti-inflammatory Drugs

**Non-Selective NSAIDS**

Non-Selective NSAIDs		
Drug Name†	PA Status	Clinical Notes
<b>Acetic Acid Derivatives</b>		<ul style="list-style-type: none"><li>• <i>Risk factors for NSAID-related GI toxicity:</i> age &gt; 60 years, history of gastric or duodenal ulcer, history of GI bleed, perforation or obstruction, concurrent use of anticoagulants, aspirin (including low doses for cardiovascular prophylaxis), corticosteroids, high daily NSAID doses</li><li>• <i>To avoid or minimize GI toxicity:</i><ul style="list-style-type: none"><li>- Lowest effective dose should be prescribed for the shortest possible duration.</li><li>- GI toxicity may be lower with ibuprofen, naproxen, ketoprofen, diclofenac, and higher with indomethacin, flurbiprofen, and piroxicam.</li></ul></li><li>• <i>If risk factors are present for NSAID-related GI toxicity as above, consider:</i><ul style="list-style-type: none"><li>- etodolac, nabumetone and meloxicam, all of which are preferential COX-2 inhibitors; however, with higher doses of etodolac and nabumetone, preferential inhibition of COX-2 is diminished.</li><li>- highly selective COX-2 inhibitor (see table below).</li><li>- an antisecretory agent (PPI or misoprostol) with a non-selective NSAID.</li></ul></li><li>• <i>Risk factors for NSAID-related renal toxicity:</i> pre-existing renal disease, severe CHF liver disease, or diuretic use</li></ul>
Clinoril # (sulindac)		
Indocin # (indomethacin)		
Lodine # (etodolac)		
Relafen # (nabumetone)		
Tolectin # (tolmetin)		
<b>Anthranilic Acid Derivatives</b>		
meclofenamate		
Ponstel (mefenamic acid)	PA	
<b>Enolic Acid Derivatives</b>		
Feldene # (piroxicam)		
Mobic (meloxicam)	PA < 60 years	
<b>Phenylacetic Acid Derivatives</b>		
Arthrotec (diclofenac/misoprostol)	PA < 60 years	
Voltaren # (diclofenac)		
<b>Propionic Acid Derivatives</b>		
Anaprox # (naproxen *)		
Ansaid # (flurbiprofen)		
Daypro # (oxaprozin)		
Motrin # (ibuprofen *)		
Nalfon # (fenoprofen)		
Naprosyn # (naproxen *)		
Orudis # (ketoprofen *)		
Oruvail # (ketoprofen *)		
Toradol # (ketorolac)		
<b>Salicylic Acid Derivative</b>		
Dolobid # (diflunisal)		

**COX-2 (Highly Selective) NSAIDS**

Drug Name†	PA Status	Clinical Notes
Bextra (valdecoxib)	PA < 60 years	<ul style="list-style-type: none"> <li>• <i>Osteoarthritis (OA)/Rheumatoid Arthritis (RA) Dosing:</i> Bextra: OA: 10 mg QD; RA: 10 mg QD Celebrex: OA: 200mg QD or 100mg BID; RA: 100-200 mg BID Vioxx: OA: 12.5-25mg QD; RA: 25mg QD</li> <li>• <i>Sulfonamide Allergy:</i> Celebrex and Bextra are both sulfonamide derivatives. The labeling for Celebrex and Bextra state that use is contraindicated in sulfonamide-allergic patients. Vioxx, a methylsulfone derivative, is considered safe in patients with sulfonamide allergy.</li> <li>• <i>Cardiovascular Risks:</i> Limited published evidence suggests that there may be an increased risk of cardiovascular events in patients taking COX-2 NSAIDS; however, prospective comparative studies +/- low-dose aspirin specifically designed to determine the incidence of significant CV risks are needed to assess this risk.</li> </ul>
Celebrex (celecoxib)	PA < 60 years	
Vioxx (rofecoxib)	PA < 60 years	

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Table 12 – Antihistamines

**First Generation (Non-Selective) Antihistamines**

Drug Name†^	PA Status	Sedative Effect ‡	Antihistamine Effect ‡	Anticholinergic Effect ‡
<b>Alkylamines</b>				
brompheniramine *		1+	3+	2+
Chlor-Trimeton # (chlorpheniramine *)		1+	2+	2+
Polaramine # (dexchlorpheniramine)		1+	3+	2+
<b>Ethanolamines</b>				
Benadryl # (diphenhydramine *)		3+	1+/2+	3+
carbinoxamine		1+	1+/2+	1+
Tavist # (clemastine)		2+	1+/2+	3+
<b>Ethylenediamines</b>				
PBZ # (tripelennamine)		2+	1+/2+	+/-
<b>Phenothiazines</b>				
Phenergan # (promethazine)		3+	3+	3+
<b>Piperazines</b>				
Atarax # (hydroxyzine)		3+	2+/3+	2+
Vistaril # (hydroxyzine)		3+	2+/3+	2+
<b>Piperidines</b>				
Optimine (azatadine)	PA	2+	2+	2+
Periactin # (cyproheptadine)		1+	2+	2+
Trinalin Repetabs (azatadine/pseudoephedrine)	PA	2+	2+	2+

**Second Generation (Peripherally Selective) Antihistamines**

Drug Name†^	PA Status	Sedative Effect ‡	Antihistamine Effect ‡	Anticholinergic Effect ‡
Alkylamine				
Semprex-D (acrivastine/pseudoephedrine)	PA	+/-	2+/3+	+/-
Phthalazinone				
Astelin (azelastine)		+/-	2+/3+	+/-
Piperazines				
Zyrtec (cetirizine)	Limit 31 doses/month	+/-	2+/3+	+/-
Zyrtec-D (cetirizine/pseudoephedrine)	Limit 62 doses/month			
Piperidines				
Allegra (fexofenadine)	PA	+/-	2+/3+	+/-
Allegra-D (fexofenadine/pseudoephedrine)	PA			
Clarinet (desloratadine)	Limit 31 doses/month	+/-	3+	+/-

† Brand name products are capitalized. Generic products are in lowercase.

^ Combinations of antihistamines and decongestants (for example, brompheniramine/pseudoephedrine) are payable under MassHealth, but are not listed in the antihistamine table unless PA is required for the combination.

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‡ low to none = +/-; low = 1+; moderate = 2+; high = 3+ (Note: Pseudoephedrine, a sympathomimetic which may cause mild CNS stimulation, may lessen the sedative effect of antihistamines. Occasionally however, pseudoephedrine may also cause drowsiness. The antihistaminic and anticholinergic effects of antihistamines are not likely to be affected by the addition of pseudoephedrine.)

## Therapeutic Class Tables (cont.)

**Table 13 – Statins**

Drug Name†	PA Status	Clinical Notes
Advicor (lovastatin/niacin)	PA	<p><i>LDL-lowering and Dose</i></p> <p>The magnitude of the LDL cholesterol-lowering effect differs according to the specific statin and dose prescribed. LDL reduction is not proportional to dose increase. In general, dose adjustment should not be done prior to 4-6 weeks of therapy, the length of time needed for maximum lipid effect. Listed below is the % decrease in LDL cholesterol with various doses of statins:</p> <ul style="list-style-type: none"> <li>Atorvastatin: 10mg – 38%, 20mg – 46%, 40mg – 51%, 80mg – 54%;</li> <li>pravastatin: 10mg – 19%, 20mg – 24%, 40mg – 34%;</li> <li>simvastatin: 10mg – 28%, 20mg – 35%, 40mg – 41%, 80mg – 46%;</li> <li>fluvastatin: 20mg – 17%, 40mg – 23%, 80mg (extended-release) – 36%;</li> <li>lovastatin: 20mg – 29%, 40mg – 32%, 80mg – 48%</li> </ul> <p><i>Metabolism and Drug Interactions</i></p> <p>Except for pravastatin, all statins are extensively metabolized by the cytochrome (CYP) P450 enzyme system (atorvastatin, lovastatin, simvastatin: CYP3A4, fluvastatin: CYP2C9). All statins, except for pravastatin, are highly protein-bound, and are therefore more likely than pravastatin to interact with other highly protein-bound drugs (e.g., warfarin). There are many potential drug interactions involving the CYP450 enzyme system and highly protein-bound drugs. Careful monitoring should be done in patients on statins and multiple medications.</p> <p><i>Food and Statin Use</i></p> <p>Coadministration of food with lovastatin increases lovastatin's bioavailability by as much as 50%. For all other statins, the clinical significance of the statin-food interaction is small. Lovastatin should be administered with food. All other statins may be taken without regard to meals.</p> <p><i>Adverse Effects</i></p> <ul style="list-style-type: none"> <li><i>Hepatotoxicity</i> Although the risk of liver toxicity is low (i.e., elevation in liver transaminases &gt; 3 times the upper limit of normal occurs in ~ 1% of patients), manufacturers of statins recommend that liver transaminases be monitored (see product package labeling). Risk of this toxicity may increase with increased dose.</li> <li><i>Myopathy</i> Severe myopathy is reported in 1/1000 patients and is dose-related. It can lead to myoglobinuria and acute renal failure. Risk factors for statin-induced myopathy are drug-drug interactions, hepatic or renal failure, acute infection, or hypothyroidism.</li> </ul> <p><i>Cost</i></p> <p>DMA costs indicate that generic lovastatin, Lescol, and Lescol XL are much less expensive than all other brands of statins. Please keep this factor in mind when choosing a statin for a MassHealth member.</p>
Altocor (extended-release lovastatin)	PA	
Lescol (fluvastatin)		
Lescol XL (extended-release fluvastatin)		
Lipitor (atorvastatin)		
lovastatin		
Mevacor # (lovastatin)		
Pravachol (pravastatin)	PA	
Zocor (simvastatin)	PA	

† Brand name products are capitalized. Generic products are in lowercase.

# This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

## Therapeutic Class Tables (cont.)

**Table 14 — Triptans**

Drug Name†	PA Status	Clinical Notes
Axert (almotriptan) tablet		<i>FDA-approved indications</i> <ul style="list-style-type: none"> <li>acute treatment of migraine (all triptans)</li> <li>acute treatment of cluster headache episodes-Imitrex injection only</li> <li>triptans are NOT intended for prophylactic therapy of migraines</li> </ul>
Amerge (naratriptan) tablet	PA	
Frova (frovatriptan) tablet	PA	
Imitrex (sumatriptan) injection, nasal spray, tablet	PA	<i>General contraindications (consult prescribing information for specific information regarding individual agents)</i> <ul style="list-style-type: none"> <li>history, presence, symptoms or signs of ischemic heart disease (e.g., angina, MI, stroke, TIA), coronary artery vasospasm, or other significant underlying cardiovascular disease</li> <li>uncontrolled hypertension</li> <li>concurrent use or use within 24 hours of ergotamine-containing products or ergot-type medications (e.g., dihydroergotamine, methysergide)</li> <li>concurrent use with MAO inhibitor therapy or within two weeks of MAO inhibitor discontinuation</li> <li>use within 24 hours of treatment with another triptan</li> <li>management of hemiplegic or basilar migraine</li> <li>hypersensitivity to the product or any of its ingredients</li> </ul> <p><i>Do not exceed the maximum recommended dose per 24-hour period.</i></p> <p><i>Orally disintegrating tablets</i></p> <ul style="list-style-type: none"> <li>place tablet on tongue, where it will be dissolved and swallowed with saliva</li> <li>inform phenylketonurics that tablets contain phenylalanine</li> </ul> <p><i>Migraine prophylaxis (e.g., amitriptyline, propranolol, timolol) may be considered for the following conditions:</i></p> <ul style="list-style-type: none"> <li>migraine occurs <math>\geq</math> twice monthly and produces disability lasting <math>\geq</math> three days per month</li> <li>contraindication to, or failure of, acute treatments</li> <li>abortive medications are used <math>&gt;</math> twice per week</li> <li>other severe migraine conditions</li> </ul>
Maxalt (rizatriptan) tablet	PA	
Maxalt-MLT orally disintegrating tablet	PA	
Zomig (zolmitriptan) tablet		
Zomig-ZMT orally disintegrating tablet		

† Brand name products are capitalized. Generic products are in lowercase.

**Therapeutic Class Tables (cont.)**

**Table 15 — Hypnotics**

Drug†^	PA Status	Duration of Action	Clinical Notes
Ambien (zolpidem)	PA >10 units/month	short	<ul style="list-style-type: none"> <li>Hypnotics are primarily FDA-approved for transient or short-term treatment of insomnia.</li> <li>There is limited medical evidence on the safety and efficacy of prolonged use of hypnotics.</li> <li>Nonpharmacologic treatments, such as practicing good sleep hygiene, relaxation training, and cognitive therapy may be more effective than medications in some individuals.</li> <li>To avoid tolerance and dependence, use the lowest dose, intermittently, and for the shortest possible duration.</li> <li>Recommended hypnotic dosages are generally lower in the elderly.</li> <li>See “10 Tips for a Good Night’s Sleep” (<a href="http://www.state.ma/dma/providers/pharmacy/10-Tips_GoodNightSleep.pdf">www.state.ma/dma/providers/pharmacy/10-Tips_GoodNightSleep.pdf</a>).</li> </ul>
Dalmane# (flurazepam)	PA >10 units /month	long	
Doral (quazepam)	PA	long	
Halcion# (triazolam)	PA >10 units /month	short	
ProSom# (estazolam)	PA >10 units /month	intermediate	
Restoril# (temazepam)	PA >10 units /month	intermediate	
Sonata (zaleplon)	PA >10 units /month	ultra-short	

† Brand name products are capitalized. Generic products are in lowercase.

# This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

^ This table does not include all hypnotics and medications used to treat insomnia and/or other sleep disorders.



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
P.O. Box 2586  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Antihistamine Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

In addition to any brand-name multiple-source antihistamine that has an FDA "A"-rated generic equivalent as identified by the **Approved Drug Products with Therapeutic Equivalence Evaluations** (also called the "Orange Book"), PA is required for:

- Allegra
- Allegra-D
- Optimine
- Semprex-D
- Trinalin Repetabs
- Zyrtec syrup for members older than 12 years (except for LTC members)

**Note:** PA is not needed for Astelin nasal spray, Clarinex (limit 31 doses/month), Zyrtec (limit 31 doses/month), Zyrtec-D (limit 62 doses/month), and FDA "A"-rated generic antihistamines. Additional information about antihistamines can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) <b>f m</b>
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Medication information

Please complete section 1 below or section 2 on back depending on drug requested.

<b>1. Second-generation antihistamine request</b> <input type="checkbox"/> Allegra (fexofenadine) <input type="checkbox"/> Allegra-D (fexofenadine/pseudoephedrine) <input type="checkbox"/> Semprex-D (acrivastine/pseudoephedrine) <input type="checkbox"/> Zyrtec (cetirizine) syrup	Dose, frequency, and duration of requested drug	Drug NDC (if known)
	If syrup request is for a member older than 12 years, explain why the member can't take capsules or tablets. <b>Note:</b> For members in long-term-care facilities, PA is not necessary for syrup. _____	
	Indication for second generation antihistamine requested (Check one) <input type="checkbox"/> Allergic rhinitis <input type="checkbox"/> Chronic idiopathic urticaria <input type="checkbox"/> Other, specify _____	
Has member tried Clarinex and Zyrtec? <input type="checkbox"/> Yes.	Dates of Clarinex use	Dose and frequency
	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other _____ _____	
	Dates of Zyrtec use	Dose and frequency
	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other _____ _____	
<input type="checkbox"/> No. Explain why not. _____ _____		

## Medication information continued

### 2. First-generation antihistamine request

- ☐ Optimine
- ☐ Trinalin Repetabs
- ☐ Other brand-name antihistamine (specify) \_\_\_\_\_

Dose, frequency, and duration

Drug NDC (if known)

Diagnosis pertinent to requested medication

Has member tried two generic first-generation antihistamines from two different antihistamine subclassifications (see listing below)?

- ☐ Yes. Complete boxes A and B below. (Generic antihistamine product courses).
- ☐ No. Explain why not. \_\_\_\_\_

#### Generic antihistamine product courses

##### A. Drug name

Dates of generic use

Dose and frequency

Did member experience any of the following?

- ☐ Adverse reaction ☐ Inadequate response ☐ Other

Details of adverse reaction, inadequate response, or other

##### B. Drug name

Dates of generic use

Dose and frequency

Did member experience any of the following?

- ☐ Adverse reaction ☐ Inadequate response ☐ Other

Details of adverse reaction, inadequate response, or other

#### Antihistamine Chemical Subclassifications

##### Alkylamines

- brompheniramine
- chlorpheniramine
- dexchlorpheniramine

##### Ethanolamines

- clemastine
- diphenhydramine

##### Ethylenediamines

- tripeleminamine

##### Phenothiazines

- promethazine

##### Piperazines

- hydroxyzine

##### Piperidines

- cyproheptadine

## Pharmacy information

Name	Pharmacy provider no.	Telephone ( )	Fax ( )
Address	City	State	Zip

## Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address	City	State	Zip	
E-mail address	Telephone ( )	Fax ( )		

## Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
P.O. Box 2586  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Hypnotic Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Doral (single-source brand-name benzodiazepine) and any brand-name multiple-source benzodiazepine that has an FDA "A"-rated generic equivalent as identified by the **Approved Drug Products with Therapeutic Equivalence Evaluations** (also called the "Orange Book").

PA is also required for quantity requests greater than 10 units per month for hypnotics. Additional information about hypnotic use can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID no.	Date of birth	Sex (Circle one.) <b>f m</b>
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Medication information

Hypnotic request	Quantity	Dose, frequency, and duration of requested drug	Drug NDC (if known)						
<input type="checkbox"/> Ambien (zolpidem) <input type="checkbox"/> Dalmane # (flurazepam) <input type="checkbox"/> Doral (quazepam) <input type="checkbox"/> Halcion # (triazolam) <input type="checkbox"/> ProSom # (estazolam) <input type="checkbox"/> Restoril # (temazepam) <input type="checkbox"/> Sonata (zaleplon) <input type="checkbox"/> Other _____	_____ _____ _____ _____ _____ _____ _____ _____	<p>A. If request is for Doral or any brand-name multiple-source benzodiazepine (as denoted by the # symbol), please complete Sections I and II.</p> <p>B. If request is for quantities greater than 10 units per month, please complete Section II.</p>							
<b>Section I</b> <p>Please complete this section for requests for Doral or brand-name multiple-source benzodiazepine.</p> <p>Attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).</p>		<p>Has member tried a generic benzodiazepine?</p> <p><input type="checkbox"/> Yes. Please complete the following information. <input type="checkbox"/> No. Explain why not.</p> <table border="1"><tr><td>Drug name</td><td>_____</td></tr><tr><td>Dates of use</td><td>_____</td></tr><tr><td>Dose and frequency</td><td>_____</td></tr></table> <p>Did member experience any of the following?</p> <p><input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other</p> <p>Briefly describe details of adverse reaction, inadequate response, or other.</p> <p>_____ _____ _____</p> <p><input type="checkbox"/> No.</p>		Drug name	_____	Dates of use	_____	Dose and frequency	_____
Drug name	_____								
Dates of use	_____								
Dose and frequency	_____								



## Medication information

### Section II

Please attach supporting documentation (e.g., copies of medical records, office notes, sleep evaluation) for your response to **each** question.

If the request is for quantities greater than 10 units per month of a hypnotic, please attach a detailed description of your treatment plan of the condition for which you have requested the hypnotic. Include all nonpharmacologic and pharmacologic interventions, therapeutic endpoints, and a list of the member's current medications.

#### A. Indication for hypnotic

☐ Acute insomnia

☐ Transient insomnia

☐ Other \_\_\_\_\_

#### B. Is insomnia secondary to a vital concurrent medication or diagnosis?

☐ Yes. Briefly describe and attach documentation.

☐ No.

#### C. Has member had a sleep evaluation?

☐ Yes. Briefly describe and attach documentation.

☐ No. Explain why not.

#### D. Has member been counseled on good sleep hygiene practices?

☐ Yes. Briefly describe and attach documentation.

☐ No. Explain why not.

#### E. Is request for quantities greater than 10 units per month of a hypnotic?

☐ Yes. Briefly describe and attach documentation, including detailed treatment plan.

☐ No.

## Pharmacy information

Name	Pharmacy provider no.	Telephone no. (     )	Fax no. (     )
Address		City	State     Zip

## Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA no.
Address			City	State     Zip
E-mail address			Telephone no. (     )	Fax no. (     )

## Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

\_\_\_\_\_  
Prescriber's signature (Stamp not accepted.)

\_\_\_\_\_  
Date



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
100 Century Drive  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Bextra, Celebrex, Vioxx, Mobic, and Arthrotec. In addition, PA is required for Ponstel (single-source brand-name NSAID) and any brand-name multiple-source NSAID that has an FDA "A"-rated generic equivalent as identified by the **Approved Drug Products with Therapeutic Equivalence Evaluations** (also called the "Orange Book"). Additional information about nonsteroidal use can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) <b>f m</b>
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Medication information

 Please complete section 1 below **or** section 2 on back, depending on the drug requested.

<b>1. Cox-2 Inhibitor/ Arthrotec request</b> <input type="checkbox"/> Arthrotec (misoprostol/diclofenac) <input type="checkbox"/> Celebrex (celecoxib) <input type="checkbox"/> Bextra (valdecoxib) <input type="checkbox"/> Mobic (meloxicam) <input type="checkbox"/> Vioxx (rofecoxib)	Dose, frequency, and duration of requested drug	Drug NDC (if known)
Is member under 60 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indications (Check one.) <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Primary dysmenorrhea <input type="checkbox"/> Familial adenomatous polyposis (celecoxib only: FDA-approved) <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Acute pain <input type="checkbox"/> Other, specify _____		
<b>Is member at risk for a clinically significant gastrointestinal event, as defined by one of the following?</b>		
<input type="checkbox"/> Yes (Check one.)	<input type="radio"/> Previous history: <input type="checkbox"/> Major GI bleed <input type="checkbox"/> Perforation <input type="checkbox"/> Obstruction	Dates
	<input type="radio"/> Previous history of a peptic ulcer documented by endoscopy or radiograph	Dates
<input type="checkbox"/> Concomitant therapy with any of the following (Check one.)		
<input type="radio"/> Aspirin <input type="radio"/> Oral corticosteroid: dose, frequency, and duration _____ <input type="radio"/> Warfarin: dose, frequency, and duration _____		
<input type="checkbox"/> No. Has member tried two generic NSAID products?		
<input type="radio"/> Yes. Complete boxes 3A and 3B on back (Generic NSAID product courses). <input type="radio"/> No. Explain why not. _____ _____ _____ _____		

## Medication information continued

<b>2. Brand-name multiple-source NSAID or Ponstel request</b>	Dose, frequency, and duration of requested drug	Drug NDC (if known)
Diagnosis pertinent to requested medication		
Has member tried two generic products? <input type="checkbox"/> Yes. Complete boxes 3A and 3B below (Generic NSAID product courses). <input type="checkbox"/> No. Explain why not. _____ _____ _____ _____		

## 3. Generic NSAID product courses

<b>A. Drug name</b>	<b>B. Drug name</b>
Dates of generic use	Dates of generic use
Dose and frequency	Dose and frequency
Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other _____ _____ _____ _____	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other _____ _____ _____ _____

## Pharmacy information

Name	Pharmacy provider no.	Telephone (   )	Fax (   )
Address	City	State	Zip

## Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address	City	State	Zip	
E-mail Address	Telephone (   )	Fax (   )		

## Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

\_\_\_\_\_  
Prescriber's signature (Stamp not accepted.)

\_\_\_\_\_  
Date

## DUR program use only

Reviewer's decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Pended	<input type="checkbox"/> Denied
Comments/reasons for pended or denied decision _____ _____ _____			



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
100 Century Drive  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Proton Pump Inhibitor Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Aciphex, Nexium, and Prilosec. PA is required for Prevacid for members older than 16 years (except for use of Prevacid suspension for members in long-term-care facilities). Protonix does not require PA. Additional information about PPI use can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Indication for proton pump inhibitor

<input type="checkbox"/> <b>GERD</b> <input type="checkbox"/> Moderate-severe erosive esophagitis <input type="checkbox"/> Uncomplicated non-erosive esophagitis Has an H <sub>2</sub> antagonist previously been tried? <input type="checkbox"/> Yes. State drug name, dose, frequency, and duration. _____ _____ <input type="checkbox"/> No. Explain why not. _____ _____ <input type="checkbox"/> Barrett's esophagus or esophageal strictures <input type="checkbox"/> GERD in child with one of the following conditions: <input type="checkbox"/> Severe chronic respiratory disease (specify) _____ _____ <input type="checkbox"/> Neurologic disability (specify) _____ _____ <input type="checkbox"/> Other (specify) _____ _____ <input type="checkbox"/> <b>Condition associated with extraesophageal symptoms secondary to gastric reflux</b> <input type="checkbox"/> Non-cardiac chest pain <input type="checkbox"/> Asthma <input type="checkbox"/> Idiopathic hoarseness <input type="checkbox"/> Chronic laryngitis <input type="checkbox"/> Other (explain) _____ _____ <input type="checkbox"/> <b>Other (explain)</b> _____ _____	<input type="checkbox"/> <b>Duodenal Ulcer</b> <input type="checkbox"/> <b>Gastric Ulcer</b> <input type="checkbox"/> Helicobacter pylori: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Drug-induced: <input type="checkbox"/> Treatment: List causative agent(s) _____ _____ <input type="checkbox"/> Prevention: List risk factor(s) _____ _____ <input type="checkbox"/> Other cause (specify): _____ _____ <input type="checkbox"/> <b>Non-ulcer or functional dyspepsia</b> Has an H <sub>2</sub> antagonist previously been tried? <input type="checkbox"/> Yes. State drug name, dose, frequency, and duration. _____ _____ <input type="checkbox"/> No. Explain why not. _____ _____ <input type="checkbox"/> <b>Pathological hypersecretory syndromes</b> <input type="checkbox"/> Zollinger-Ellison syndrome <input type="checkbox"/> MEN Type I <input type="checkbox"/> Other _____ _____
---	--

## Diagnostic studies performed (include dates of studies)


## Medication information

**Important note:** For maximum efficacy, a proton pump inhibitor (PPI) must be taken in a fasting state, just before or with breakfast. If a second dose is necessary, the second dose should be given just before the evening meal. In general, it is not necessary to prescribe other antisecretory agents (H<sub>2</sub> antagonists, prostaglandins) for patients on PPIs. If an antisecretory agent is prescribed with a PPI, the PPI should not be taken within 6 hours of the antisecretory agent.

<b>PPI requested</b>	Dose, frequency, and duration of PPI	Drug NDC (if known)
<b>Has member tried Protonix? (Note: Protonix does not require prior authorization.)</b>		
<input type="checkbox"/> Yes. Provide the following information about the use of Protonix.		<input type="checkbox"/> No. Explain why not.
Dates of use	Dose and frequency	
If member received Protonix, why was it discontinued? (Check one.)		
<input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other		
Details of adverse reaction, inadequate response, or other		

## Pharmacy information

Name	Pharmacy provider no.	Telephone (    )	Fax (    )
Address		City	State    Zip

## Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State    Zip
E-mail Address			Telephone (    )	Fax (    )

## Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

## DUR program use only

Reviewer's decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Pended	<input type="checkbox"/> Denied
Comments/reasons for pended or denied decision			



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
P.O. Box 2586  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

# Statin Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Advicor, Altocor, Mevacor, Pravachol, and Zocor. **PA is not needed for Lescol, Lescol XL, Lipitor, or generic lovastatin.** Additional information about statins can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

## Member information

Last name	First name	MI	MassHealth member ID no.	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

## Medication information

<b>Statin request</b> <input type="checkbox"/> Advicor <input type="checkbox"/> Altocor <input type="checkbox"/> Mevacor <input type="checkbox"/> Pravachol <input type="checkbox"/> Zocor	Dose, frequency, and duration of requested drug	Drug NDC (if known)
Indication for statin requested (Check one.) <input type="checkbox"/> Hypertriglyceridemia <input type="checkbox"/> Primary hypercholesterolemia <input type="checkbox"/> Mixed dyslipidemia <input type="checkbox"/> Secondary prevention of cardiovascular event <input type="checkbox"/> Other. Specify pertinent medical history, diagnostic studies, and/or laboratory results. _____ _____ _____		
<b>Has member tried two of the following statins: Lescol/Lescol XL, Lipitor, or generic lovastatin?</b> <input type="checkbox"/> Yes. Complete boxes A and B. <input type="checkbox"/> No. Explain why not. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<b>A. Drug name</b>	
	Dates of use	Dose and frequency
	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____	
	Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).	
	<b>B. Drug name</b>	
	Dates of use	Dose and frequency
	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____	
	Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).	

## Pharmacy information

Name	Pharmacy provider no.	Telephone no. (     )	Fax no. (     )
Address		City	State     Zip

## Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA no.
Address			City	State     Zip
E-mail address			Telephone no. (     )	Fax no. (     )

## Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date





Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
100 Century Drive  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Tracleer (bosentan) Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Tracleer. Additional information about the MassHealth Drug List can be found at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) <b>f m</b>
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Medication information

<p>Drug NDC # (if known)</p> <p><b>1. What is the indication for bosentan?</b></p> <p><input type="checkbox"/> Primary pulmonary arterial hypertension (PAH)</p> <p><input type="checkbox"/> Secondary PAH</p> <p><input type="radio"/> Connective tissue disease</p> <p><input type="radio"/> Congenital heart defect</p> <p><input type="radio"/> Other, specify _____</p> <p><b>2. What is the disease severity (functional class)?</b></p> <p><input type="checkbox"/> NYHA Class I <input type="checkbox"/> NYHA Class III</p> <p><input type="checkbox"/> NYHA Class II <input type="checkbox"/> NYHA Class IV</p> <p><b>3. Are there any contraindications to therapy?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="radio"/> Allergic to bosentan</p> <p><input type="radio"/> Concurrent glyburide</p> <p><input type="radio"/> Concurrent cyclosporine A</p> <p><input type="radio"/> Moderate or severe liver abnormality (e.g., AST or ALT &gt; 3 x ULN)</p> <p><input type="radio"/> Pregnancy</p> <p><input type="checkbox"/> No</p> <p><b>4. Liver aminotransferases &lt; 3 x UNL</b></p> <p><input type="checkbox"/> Yes. Indicate test results:</p> <table border="1"><thead><tr><th></th><th>Baseline (date)</th><th>Most recent (date)</th></tr></thead><tbody><tr><td>ALT result</td><td></td><td></td></tr><tr><td>AST result</td><td></td><td></td></tr></tbody></table> <p><input type="checkbox"/> No</p> <p><b>5. On concurrent Flolan (epoprostenol) or Remodulin (treprostinil)?</b></p> <p><input type="checkbox"/> Yes, which drug _____ <input type="checkbox"/> No</p>		Baseline (date)	Most recent (date)	ALT result			AST result			<p><b>6 a. Is patient of childbearing potential?</b></p> <p><input type="checkbox"/> Yes, but pregnancy excluded</p> <p><input type="radio"/> Negative pregnancy test (date _____) during first five days of normal menstrual period and &gt; 11 days after last unprotected sexual intercourse</p> <p><input type="radio"/> Other, explain _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> No</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female &gt; 55</p> <p><input type="radio"/> Female &lt; 55 <input type="checkbox"/> Tubal ligation</p> <p><input type="checkbox"/> Infertile</p> <p><input type="checkbox"/> Not sexually active</p> <p><input type="checkbox"/> Other _____</p> <p><b>6 b. Is patient on reliable contraception?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>7. Is prescribed dose within guidelines?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="radio"/> Initial dose 62.5 mg BID</p> <p><input type="radio"/> Maintenance dose 125 mg BID</p> <p><input type="checkbox"/> No. Dose and rationale _____</p> <p>_____</p> <p>_____</p> <p><b>8. Has the adverse effect profile been explained to patient in detail, including liver and pregnancy warnings?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, explain _____</p>
	Baseline (date)	Most recent (date)								
ALT result										
AST result										

Pharmacy information

Name	Pharmacy provider no.	Telephone (     )	Fax (     )
Address		City	State     Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State     Zip
E-mail Address			Telephone (     )	Fax (     )

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber’s signature (Stamp not accepted.)

Date

DUR program use only

Reviewer’s decision     ☐ Approved     ☐ Pended     ☐ Denied

Comments/reasons for pended or denied decision



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
P.O. Box 2586  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

Triptan Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Amerge, Frova, Imitrex, Maxalt, and Maxalt-MLT. **PA is not needed for Axert, Zomig, or Zomig-ZMT.** Additional information about triptans can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

Member information

Last name	First name	MI	MassHealth member ID no.	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

Medication information

<b>Triptan request</b> <input type="checkbox"/> Amerge tablet <input type="checkbox"/> Frova tablet <input type="checkbox"/> Imitrex tablet <input type="checkbox"/> Imitrex injection <input type="checkbox"/> Imitrex nasal spray <input type="checkbox"/> Maxalt tablet <input type="checkbox"/> Maxalt-MLT tablet <input type="checkbox"/> Other: _____	Dose, frequency, and duration of requested drug  Drug NDC (if known)  Indication for triptan requested (Check one.) <input type="checkbox"/> Acute treatment of migraine Frequency of migraine attacks (number/month) _____ Is member currently on migraine prophylaxis? <input type="checkbox"/> No. Explain why not. _____ <input type="checkbox"/> Yes. Specify agent(s), dose, and frequency. _____  <input type="checkbox"/> Other: Specify pertinent medical history, diagnostic studies, and/or laboratory tests. _____ _____ _____  Please attach supporting documentation (e.g., copies of medical records, and/or office notes).												
<b>Has member tried two of the following triptans: Axert and Zomig or Zomig-ZMT?</b> <input type="checkbox"/> Yes. Complete boxes A and B. <input type="checkbox"/> No. Explain why not. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<table><tr><td><b>A. Dates of Axert use</b></td><td>Dose and frequency</td></tr><tr><td colspan="2">Did member experience any of the following? <input type="checkbox"/> Adverse reaction      <input type="checkbox"/> Inadequate response      <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____</td></tr><tr><td colspan="2">Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).</td></tr><tr><td><b>B. Dates of Zomig or Zomig-ZMT use</b></td><td>Dose and frequency</td></tr><tr><td colspan="2">Did member experience any of the following? <input type="checkbox"/> Adverse reaction      <input type="checkbox"/> Inadequate response      <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____</td></tr><tr><td colspan="2">Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).</td></tr></table>	<b>A. Dates of Axert use</b>	Dose and frequency	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____		Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).		<b>B. Dates of Zomig or Zomig-ZMT use</b>	Dose and frequency	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____		Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).	
<b>A. Dates of Axert use</b>	Dose and frequency												
Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____													
Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).													
<b>B. Dates of Zomig or Zomig-ZMT use</b>	Dose and frequency												
Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____													
Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).													

Pharmacy information

Name	Pharmacy provider no.	Telephone no. (     )	Fax no. (     )
Address		City	State     Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA no.
Address			City	State     Zip
E-mail address			Telephone no. (     )	Fax no. (     )

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
100 Century Drive  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Brand-Name Drug Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

Prescribers must obtain PA from the Division for any brand-name multiple-source drug that has an FDA "A"-rated generic equivalent as identified by the **Approved Drug Products with Therapeutic Equivalence Evaluations** (also called the "Orange Book"). Additional information about which drugs require PA can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Medication information

<b>Brand-name drug request</b>	Dose, frequency, and duration of brand-name drug	Drug NDC (if known)
Diagnosis pertinent to requested medication		
<b>Has member tried a generic product?</b>		
<input type="checkbox"/> Yes. Provide the following information.		
<input type="checkbox"/> No. Explain why not.		
Drug name		
Dates of generic use	Dose and frequency	
Did member experience any of the following?		
<input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other		
Details of adverse reaction, inadequate response, or other		

### Pharmacy information

Name	Pharmacy provider no.	Telephone ( )	Fax ( )
Address	City	State	Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State Zip
E-mail Address			Telephone (   )	Fax (   )

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

DUR program use only

Reviewer's decision    ☐ Approved    ☐ Pended    ☐ Denied

Comments/reasons for pended or denied decision



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
100 Century Drive  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Drug Prior Authorization Request

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Information about which drugs require PA can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) <b>f m</b>
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Medication information

Drug name requested	Dose, frequency, and duration	Drug NDC (if known) or service code
Explain medical necessity of requested drug _____ _____ _____ _____ _____		

### Diagnostic studies performed (include dates of studies)

_____ _____ _____
-------------------------

### Pharmacy information

Name	Pharmacy provider no.	Telephone (     )	Fax (     )
Address		City	State     Zip



Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State Zip
E-mail Address			Telephone (    )	Fax (    )

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

DUR program use only

Reviewer's decision    ☐ Approved    ☐ Pended    ☐ Denied

Comments/reasons for pended or denied decision



The MassHealth Drug List is updated monthly, as needed.  
Check our Web site for the most up-to-date information.

**[www.mass.gov/dma/providers](http://www.mass.gov/dma/providers)**

Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Division of Medical Assistance